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COLOR ILLUSTRATIONS—VOLUME 35, 1952

Plate 1. Simple and rapid contrast staining of trachoma bodies. *Figure 1.* Inclusion bodies of trachoma under slight magnification (Poleff stain). *Figure 2.* Inclusion bodies of trachoma, showing elementary and initial body forms (Poleff stain, ×1,000). L. Poleff .....facing page 627

Plate 2. Scleromalacia. *Figure 2.* Appearance of patient on admission, two years after first ocular symptoms. *Figure 5.* Left eye, horizontal section, showing hernialike protrusion of anterior segment secondary to the scleral destruction. The posterior margin of the scleral defect presents a limited zone of reaction (hematoxylin-eosin, ×3). *Figure 6.* Left eye, posterior margin of scleral destructive process, showing fraying of collagenous fibers and edge of hernialike protrusion of anterior segment (Mallory, ×50). *Figure 7.* Left eye, detail of reaction at upper margin of scleral destructive process shown in Figure 5. An irregular, sharply marginated zone of fibrinoid degeneration and necrosis is seen involving the sclera and episclera. The posterior (left) border is infiltrated by epithelioid cells and lymphoid cells (hematoxylin-eosin, ×40). Banks Anderson and George Margolis .....facing page 917

Plate 3. Thermal burns of the eye and adnexa. *Figure 19.* Surgical treatment of a third-degree burn of face and eyelids.

A. Badly burned, denuded areas had been covered with split-thickness graft three weeks after burn. Massive scarring and ectropion shown three months later.

B. Lid-margin split. Lid skin separated from scar. Tarsus shortened by a "V" resection and temporal skin triangle removed as in Kuhnt-Szymanowski procedure.

C. Lid skin freed from scar tissue inferiorly.

D. Lid has been sutured into place. Keloid scar excised from upper lip up to the transverse scar.

E. Scar tissue excised laterally to region above ear.

F. Skin over entire lower face undermined to make freely movable flap.

G. End of operation. Very fine suture lines replace original wide unsightly scars.

H. Six months later. Scars almost imperceptible. Excellent facial mobility.

Brendan D. Leahey .....facing page 1077

Plate 4. The pathology of early retrolental fibroplasia. *Figure 2-A.* Case 2. Nests of endothelial cells in the nerve-fiber layer of the right eye. *Figure 5-A.* Case 5. Newly formed retinal capillaries sprouting into the vitreous of the right eye. *Figure 8-A.* Case 8. A mass of vascular tissue near the base of the vitreous with folding of the retina of the right eye. *Figure 8-B.* Case 8. An angiomalike nodule on the retina of the right eye. Algernon B. Reese, Frederick C. Blodi and John C. Locke .....facing page 1407

Plates 5 to 10, inclusive. Certain considerations of the surgical treatment of retinal detachment. Figures 1 to 34, inclusive, explained in text on pages 1575-1580.
Count Hermenegildo Arruga .....insert between pages 1576-1577

Plate 11. Experimental herpes simplex. *Figure 1.* Dendritic ulcer. *Figure 2.* (1 and 2) Intranuclear inclusion of herpes-simplex virus in section (hematoxylin-eosin stain). (3) Intranuclear inclusion of herpes-simplex virus in broken epithelial-cell nucleus. Alson E. Braley .....facing page 1737

SUBJECT INDEX

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

A

Abducens palsy, isolated bilateral, 417
Aberrations, gland tissue in iris, 1382
See also under Congenital Anomalies and under names of various organs
Abnormalities, embryonic basis for developmental, **865**
See also under Congenital Anomalies and under names of various organs
ABSTRACTS: 131, 281, 436, 599, 732, 881, 1052, 1223,, 1374, 1517, 1709, 1845
1. Anatomy, embryology, and comparative ophthalmology, 599, 881, 1223, 1517, 1845
2. General pathology, bacteriology, immunology, 281, 601, 882, 1052, 1517, 1846
3. Vegetative physiology, biochemistry, pharmacology, toxicology, 282, 602, 883, 1052, 1224, 1519, 1847
4. Physiologic optics, refraction, color vision, 284, 436, 606, 886, 1056, 1225, 1525, 1850
5. Diagnosis and therapy, 131, 287, 437, 609, 889, 1057, 1227, 1374, 1531, 1853
6. Ocular motility, 132, 291, 441, 613, 896, 1061, 1229, 1379, 1542, 1859
7. Conjunctiva, cornea, sclera, 133, 292, 442, 613, 897, 1062, 1229, 1380, 1544, 1860
8. Uvea, sympathetic disease, aqueous, 136, 293, 446, 617, 732, 902, 1063, 1231, 1382, 1550, 1709, 1865
9. Glaucoma and ocular tension, 138, 294, 448, 619, 734, 902, 1063, 1232, 1385, 1552, 1709, 1868
10. Crystalline lens, 140, 294, 449, 734, 905, 1065, 1232, 1388, 1557, 1711, 1870
11. Retina and vitreous, 141, 295, 450, 620, 736, 906, 1066, 1234, 1389, 1558, 1713, 1870
12. Optic nerve and chiasm, 146, 453, 623, **908**, 1068, 1235, 1395, 1563, 1718
13. Neuro-ophthalmology, 147, 296, 453, 624, 738, 908, 1069, 1395, 1563, 1718
14. Eyeball, orbit, sinuses, 150, 297, 454, 740, 909, 1070, 1235, 1398, 1564, 1722, 1871
15. Eyelids, lacrimal apparatus, 152, 297, 455, 624, 740, 910, 1071, 1398, 1565, 1723
16. Tumors, 155, 742, 910, 1071, 1237, 1440, 1567, 1725
17. Injuries, 157, 455, 743, 1071, 1440, 1568, 1727, 1871
18. Systemic disease and parasites, 158, 455, 746, 911, 1072, 1237, 1401, 1568, 1728, 1872
19. Congenital deformities, heredity, 457, 750, 911, 1074, 1403, 1731
20. Hygiene, sociology, education, and history, 161, 458, 750, 913, 1075, 1404, 1733

Abstracts, ophthalmic journals of, **872**
ACCOMMODATION: clinical study of, 1852
convergence and, 1852
effect nocturnal myopia on, 1226
mechanism involved in, 1233
nonfusional convergence and, 132
optic-axis shift during, 888
pharmacodynamic studies of, 1852
variation in vertical directions of gaze, 1630
See also under: Adaptation, Aniseikonia, Astigmatism, Refraction
Acrocephaly, surgical correction deformities of, 1058
ACTH: **111**, 131, 290, 612, 894, 895, 1523
action on vitamin-C content aqueous humor (rabbit), 1522
clinical evaluation of, 892
effect on experimental exophthalmos, *101
effect on herpes keratitis, 602
effect on hyaluronidase content of aqueous, 290
effect on ocular inflammations, 895
effect on ocular tension, **659**
experiences with, **112**
in elephantiasis of eyelids, 1565
in exophthalmic ophthalmoplegia, 1722
in eye diseases, 288
in iridocyclitis, 1060, 1552

ACTH *(continued)*
in retrolental fibroplasia, 737, 1374
results, 1376
in scleromalacia, **917**
in vernal conjunctivitis, 1231
inhibiting overdosage of cortisone, 602
therapy, physiologic considerations, 287
Adaptation: See under Accommodation, Dark Adaptation, Light Adaptation
Adaptinol, influence on dark adaptation, 608
Addison's disease, papillitis with, 749
Adie's syndrome, 296
Adrenal-cortex function, effect typhoid vaccine on, **1783**
After-image test, diagnostic significance of, **537**
of retinal correspondence, **897**
Albinism, contact lens in, 1535
Albino, normally pigmented offspring of, 1075
Albucid, action in trachoma, 1550
Alcohol, methyl: See under Methanol
ALLERGY: **601**
cataract due to, 1065
drug sensitivity, **1504**
hormonal factors in, 911
hormones in, **883**
papilloretinitis a manifestation of, 621
parenchyma keratitis and, 901
role in eye inflammations, **177**
symposium on ocular: 1568
cornea and lens, 1569
external eye and aqueous, 1570
uveal tract and retina, 1568
to sawdust, **422**
vaccine in, 893
Alopecia, after removal of foreign body, 441
Amaurosis fugax and fulminans, 1532
See also under Blindness
AMBLYOPIA: cortical changes in suppression, **66**
ex anopsia, prevention and cure in nursery schools, 1542, 1859
feigned, apparatus to detect, 609
fixation anomalies in, 1850
nutrition and, 1402
psychologic problems in, 1734
strabismic, treatment of, 613
suppression, cortical potential changes in, **66**
American Academy of Ophthalmology and Otolaryngology, meeting 1952, **1701**
American College of Surgeons, clinical congress surgical television, **122**
38th clinical congress, **1837**
American Journal of Ophthalmology, **1219**
Amniotic fluid, therapeutic uses, 1540
Analgesic, trichlorethylene as, **250**
Anaphylaxis, ocular, against bacterial antigens, 601
Anemia, sickle-cell associated with retinal aneurysms, 1066
ANESTHESIA: **891**
avertin, for children, 612
general in ophthalmology, 1375, 1857
methonium compounds in, 1059
TEP as, 1848
ANEURYSMS: carotid, **1395**
diagnosis of, 149
intraventricular, hemorrhage and exophthalmos due to rupture, 1870
of the circle of Willis, 1720
racemose, of retina, 142
retinal, in general diseases causing retinopathy, 146
Angiography, intracranial, eye complications found by, 437
of normal ophthalmic artery and choroid plexus, 440
ANGIOID STREAKS: 451
genesis of, 1389
of fundus, 1562
ANGIOMA: of choroid, **267**, 293

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

ANGIOMA *(continued)*
optic atrophy due to, 1718
Angiomatosis, 619, 746, 913, 1560
See also under Hemangioma, Lindau-von Hippel disease, Nevus, Sturge-Weber Syndrome
Angiopathy, classification of retinal in hypertension, **404**
Angioscopy, conjunctival, 446
Angioscotomas, under experimental conditions, 1527
Angioscotometric test for glaucoma, 903
Angioscotometry, in study of response to priscoline, **191**
Angiospasm, vasodilators in, **187, 191, 1753**
Angle, anterior in anterior-segment inflammations, **1463**
Aniridia, congenital, 1384
Anisometropia, contact lens to correct high, 1225
myopia and, 1226
Anomalous retinal correspondence, **1528**
Anophthalmos, bilateral, **592**
congenital, 1732
Anosognosia for blindness, 454
Anoxia, congenital malformations due to maternal (mice), **311**
retrolental fibroplasia and, 623
See also under Oxygen Administration and Retrolental Fibroplasia
Anomalies: See under Congenital Anomalies. See also under names of various organs and regions
ANTERIOR CHAMBER: Cilia in, **728**
drainage system of, 881
failure to reform, treatment, **717**
fluorescein measurement in, 1537
hemorrhage into, **717**
postoperative, 1225
hyaline structure of, 901
ointment in, **728**
experimental study on, **1030**
pigmented cysts of, 1550
site for cancer study, *137
site for investigative purposes, *137
tissues in primary glaucoma, 1232
ANTERIOR SEGMENT: Diagnosis metastatic tumors of, **1329**
disease, therapeutic statis in, 1856
inflammations, study of the anterior angle in, **1463**
ANTIBIOTICS: Administration of, 1377
aqueous humor penetration of, 604
corneal changes due to, 1864
Drilitol in external eye disease, **1134**
effect on bacterial keratitis, 1847
in epidemic keratoconjunctivitis, 1545
in trachoma, **671**, 1059
influence of cortisone on, **935**
-producing bacteria of ocular flora, *73
study of action of, 1849
See also under names of various antibiotics: Aureomycin, Bacitracin, etc.
Anticholinesterase agents, evaluation of, *46
Anticoagulants, in retinal vascular disease, 1390
See also under Dicumarol
Antihistamines, 611
See also under Allergy, Therapy, and under names of various antihistaminic drugs
Anti-infection agents: Examples of dormant data, **1218**
Antiseptics, study of action of, 1849
Antistine, eyedrops, **1704**
APHAKIA: Acrylic lenses in, 295, 1233
adjustment to, **2, 118**
contact lens in unilateral, 1526
glaucoma operations in, 1553
retinal detachment in, due to DFP, 1870
vision in, Mintacol to improve, 294
AQUEOUS HUMOR: Action on hyaluronidase, 603
allergy and, 1570
antibiotic penetration of, 604
ascorbic acid turnover in, 446
bacteriologic studies in uveitis, 294
chemical demonstration of conjunctival passage of, ***38**
circulation of, 1056
comparison protein content with that blood serum, 1521
corticoid determinations of, **932**

AQUEOUS HUMOR *(continued)*
cytologic studies in uveitis, 294
drainage of, 138
dynamics, and steady-state ratio of xylose, **1171**
electrophoresis of abnormal, 1557
electrophoretic studies of, 1385
exit canals of, 600
flow rate, in guinea pig with scurvy, **446**
in normal guinea pig, 446
fluorescein appearance in, in glaucoma, 139
hyaluronidase content of, effect ACTH on, 290
in traumatic corneal ulcers, 1860
influence prothrombin level on protein contents, 1525
outflow, clinical measurement of, **447**
measurement in glaucoma, 905
tonographic measurement in normal eyes, **885**
passage radioactive sodium from blood to, **605**
rate of flow, 1056
terramycin penetration into, 1228
tolerance to terramycetin, 609
tolerance to terramycin (rabbit), 1519
venous flow of, 1849
See also under Blood-Aqueous Barrier
Aqueous/plasma steady-state ratios of xylose, **1171**
AQUEOUS VEINS: Anatomic study, 1517
backflow, "compensation maximum" and, 1387
caliber and ocular tension, 294
contact lenses and, ***10**
corneal, 615
flow, diagnostic test for glaucoma, 1554
When were they detected?, **1512**
Arachnoiditis, 908
optic nerve atrophy and, 453
opticochiasm, 1397
X-ray changes in, 296
Arc welders, vitamin B_1, metabolism and vision in, 1568
Ariboflavinosis, in Belgian Congo, 158
Armed Forces, eye care in battalion aid stations, 743
management of eye casualties in Korea, 744
ophthalmic research in, 751, 752
Army Medical Museum, Registry of Ophthalmic Pathology, **1835**
Arteriolosclerosis, retinal and renal, in hypertension, **1748**
Arteritis temporal, 161
eye signs in, 1728
Asepsis, principles and practice of, 290
Association for Research in Ophthalmology:
directory of, ***155**
proceedings of, Part II of May issue
reports of, ***150**
Asthenopia, due to extraocular causes, 1225
ASTIGMATISM: After cataract extraction, 1558
cylinder rotation test in, **595, 1048**
ophthalmometric findings in, 1529
optic nervehead shape in, 286
Raubitschek arrow test for, **1334**
See also under Cross Cylinder, Refraction, Visual Tests
AUREOMYCIN: 1535
in herpes, 883
in herpetic keratitis, 1544
in pannus crassus, 901
in trachoma, 136, 442, 445, **1187**
Avertin anesthesia in children, 612
Avitaminosis: See under Vitamin deficiency

B

Bacteriology of enucleated eyeballs, 282
Banti syndrome, eye findings in, 746
Basedow's disease, estrogen therapy in, 1730
eye symptoms of, 749
eyelid retraction in, 747
ocular symptoms of, 911
Behçet's syndrome, 1231
encephalomyelomeningitis and, 1231
Bell's palsy, histamine in, 1541
Bengal rose, as diagnostic aid in Sjögren's syndrome, 445
Benzyl cinnamate for corneal opacities in trachoma, 901
BETA IRRADIATION: **637**

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

BETA IRRADIATION *(continued)*
applicators for, **645**
applicator holder for, 1499
See also under Radiation Therapy, Radium
Biomicroscopy, 289
polarized light in, 1230
Biopsy aspiration, of choroidal melanoma, **419**
Bitartrate of sodium in external eye disease, 1539
Blennorrhea, inclusion, phase-microscope studies of, **1606**
Blepharitis, due to Candida, 1518
etiology of, 741
treatment of 455
Blepharoplasty, for herniated intraorbital fat, 152
Blepharospasm, relief of intractable, **267**
Blepharo: See also under Eyelids
Blind, foot travel for, 162
industrial occupation of, 162
BLINDNESS: After pulmonary resection, 1072
anosognosia for, 454
effect occipital on intellectual functions, 1070
effect peripheral on intellectual functions, 1070
etiology of, in Spain, 913
functional normality and, 163
in India, 1075
in Norway, **1153**
in young children, 1856
nystagmus of, 1070
prevention, progress in, 458
See also under Amaurosis and under Amblyopia
Blindspot, response in glaucoma tests, 903
visual-field studies of, **386**
BLOOD-AQUEOUS BARRIER:
action vitamin E on, 1848
effect hyaluronidase on, 604
effect cortisone on permeability of, 891
permeability in iritis treated with typhoid vaccine, 137
permeability tests, clinical significance, 1537
See also under Aqueous Humor and Aqueous Veins
BLOOD, circulation time and oxygen consumption (rabbit), 1523
influence sympathetic nervous system on, 1553
visual fields in disturbances of cerebral, 148
plasma, heparin activity of, 1225
See also under Circulation of the eye
Boeck's sarcoid, **547**, **551**
cortisone in, **111**
See also under Sarcoidosis
BOOK REVIEWS:
Abelmann, Henry W.: Cancer as I See It, **435**
Ahenstiel, Heinz: Red-Green Blindness as an Experience, **598**
Albritton, Errett C.: Standard Values in Blood, **880**
Arruga, H.: Ocular Surgery, **1842**
Atti del 38 Congresso della Societa Oftalmologica Italiana, **128**, **1372**
von Bahr, G., and others: Documenta Ophthalmologia, **1515**
Beach, Sylvester Judd: Principles of Refraction, **1514**
Bender, Morris B.: Disorders in Perception, **1844**
Bennett, Alva H.: Phase Microscopy: Principles and Applications, **433**
Bulletin de la Societe belge d'Ophtalmologie, **277**
Conn, Howard F.: Current Therapy 1952, **1371**
Dubar, Jean: Virus Keratitis, **1050**
Duke-Elder, Sir Stewart: Textbook of Ophthalmology: Volume V: The Ocular Adnexa, **1220**
Fink, Walter H.: Surgery of the Oblique Muscles of the Eye, **596**
Gordon, Benjamin L.: Between Two Worlds, **1708**
Göz Klinigi Turkish journal of clinical ophthalmology), **1703**
Hallgren, Bertil: Specific Dyslexia, **434**
Herrmann, George R.: Methods in Medicine, **598**
Hilbert, D., and Cohn-Vossen, S.: Geometry and the Imagination, **1222**
XVI International Congress of Ophthalmology, **879**
Jayle, G. E., and Dubois-Paulsen, A.: L'Année Therapeutique en Ophtalmologie, **1049**

BOOK REVIEWS *(continued)*
Jordan, E. P., and Sheppard, Willard C.: Rx for Medical Writing, **1371**
Judd, Deane B.: Color in Business, Science, and Industry, **1516**
Keeney, Arthur H.: Chronology of Ophthalmic Development, **277**
Keiner, G. B. J.: New Viewpoints on the Origin of Squint, **878**
Koller, Lewis R.: Ultraviolet Radiation, **1839**
Lancaster, Julia E.: A Manual of Orthoptics, **730**
Lancaster, Walter B.: Refraction and Motility, **1708**
Martin-Doyle, J. L. C.: A Synopsis of Ophthalmology, **877**
Melanowski, W. H.: Ophthalmological Optics, **731**
Meller, J.: Ocular Surgery, **127**
Offret, Guy: Les Tumeurs Primitives de l'Orbite, **1514**
Potter, Edith L.: Pathology of the Fetus and the Newborn, **1220**
Proceedings of the London Conference on Optical Instruments, **1221**
Report on the National Work Session of the Preschool Blind Child, **1049**
Reese, Algernon B.: Tumors of the Eye, **432**
Roblin, Jean: The Reading Fingers, **1515**
Samuels, Bernard, and Fuchs, Adalbert: Clinical Pathology of the Eye, **728**
Sautter, H.: Die Trübungsformen der menschlichen Linse, **1373**
Snyder, Eugene F.: From a Doctor's Heart, **597**
Sorsby, Arnold: Genetics in Ophthalmology, **276**
Sorsby, Arnold: Systemic Ophthalmology, **877**
Tait, Edwin Forbes: Textbook of Refraction, **597**
Technique of Fitting Spectacle Frames, **1373**
Town, Arno E.: Ophthalmology, **276**
Transactions of the American Ophthalmological Society, **1841**
Transactions of the 5th Congress of the Ophthalmological Society of Tuscany, Umbria and Emilia, **280**
Transactions of the Ophthalmological Society of New Zealand, **1840**
Transactions of the Pacific Coast Oto-Ophthalmological Society, **1839**
Transactions of the Societe Francaise d'Ophtalmologie, **129**, **1221**
Vail, Derrick, and Lindsay, J. R.: The 1951 Year Book of Eye, Ear, Nose, and Throat, **730**
Wolff, Eugene: A Pathology of the Eye, **1051**
Bowen's disease, 898
Boxers, eye injuries in, 157
Brain, retinal blood circulation in diseases of, 1858
retinal vein tortuosity in diseases of, 623
Brucella infections in man, 456
Brucellosis, choroidal lesions in, 161
BUPHTHALMOS: **393**
goniotomy in, 1555
See also under Glaucoma, congenital
Burns, treatment of eye, **1077**, 1728
See also under Injuries

C

Cajal: A centenary appreciation, **1215**
Calsulfhydryl in opththalmology, 609
See also under Hydrosulphosol
Canada, specialist examinations in, **270**
Cancer, anterior chamber as site to study, *137
See also under Tumors
Candida species, study in blepharitis due to, 1518
Canicola fever, eye complications in, 158
Canthoplasty, in malunited fracture of orbit, **1103**
Capillary circulation, fluorescein study of, 1522
Capillary permeability, influence cortisone on, 282
Carbon monoxide, retrobulbar neuritis due to, 1068
Carcinoma, of choroid, diagnostic difficulties, 732
of lacrimal sac, 152
regressive of breast after sterilization, **1829**
Cardiac patients, retinal artery pulsations in, **585**
Cardiopathy and retinal circulation, 450
Carotid artery, aneurysm of, diagnosis, 149

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

CAROTID ARTERY ANEURYSM *(continued)*
involving cavernous sinus, 1395
bilateral calcification of, 453
Carotid sinus hyper-reflectivity of, 909
Caruncle, role in eliminating tears, 740
CATARACT: Allergic, 1065
associated with familial cornea guttata, 1545
bleaching of lens substance of, **1033**
brunescens, study of, 140
CONGENITAL, mental deficiency and, 1712
surgery of, evaluation of, 449
with crystal formation, 1233
DIABETIC, 1388
biochemical study of experimental, 1557
development of, ***68**
discission-suction operation of, 734
EXTRACTION: Acrylic lenses in, 1233
after filtering operations, **720**
astigmatism after, influence corneoscleral sutures on, 1558
chloral hydrate in, **1370**
conjunctival carcinoma after, 901
complications of, **1311**
curare in, **1227**
erisophake in, **1855**
glaucoma management after, **721**
in diabetes mellitus, 1713
in one-eyed patient, **1285**
in primary glaucoma, 735
intracapsular, 1066, 1712
capsule puncture in, 735
capsule ruptures in, **715**
hyaloid membrane behavior after, 1715
intumescent, 1066
postoperative complications of, **1311**
epithelial downgrowth, **1508**
hyphema, 905
management of vitreous loss, **716**
retinal detachment, **716**, 1557
postoperative period, 1538
practice methods for, **1167**
pupil enlargement after, **719**
recommendations for, 1388
refinements in, 1711
Ridley's operation, with inclusion plastic lens, 1232
scissers for, **1353**
sutures in, 1558
corneoscleral, 140, 1711
lid, **105**
vitreous changes after, **1177**
wound closure in, **967**
wound healing in, **167**
galactose, **69**
incision, buried suture for, **1459**
suturing of, 1558
intumescent, method of extraction, 1066
juvenile diabetic, **577**
microcornea and hereditary, **1017**
nigra, study of, 140
nuclear, 1388
permeability, surgical treatment, 906
radiation, clinical characteristics, 734
experimental, 1517, 1524
influence chemical agents on, 735
pathologic characteristics, 734
role alloxan diabetes in, **993**
role energy in, **993**
role pupil diameter in, **993**
refractive changes and, 1232
sennile, what to tell patient with, 1713
unilateral after tetany, 1557
Caterpillar, ophthalmia nodosa due to hair of, **555**
Cavernous sinus, hemorrhagic syndrome of, 1719
Cerebral tumor, Coates' disease and, 1559
Chalazia, occurrence and location, 741
retractor for, **863**
Chemosurgery of eyelid tumors, 1566
Cheyne-Stokes respiration, pupil changes in, 605
Chiasm, tumors of, 1725
Chicago Ophthalmological Society, **864**, **1210**, **1508**
Chickenpox, pthisis bulbi due to, 1057
CHILDREN: Amblyopia ex anopsia in nursery school, 1859
avertin anesthesia in, 612
blind preschool, educational toys for, 161
blindness in young, 1856
electroretinography in, **606**
injuries, teaspoon penetrating orbit, **1871**
lens surgery in, 140
ophthalmic problems in, 611
trial frame for, 1536
tuberculous meningitis in, streptomycin for, 1730
visual screening of school, **235**, **819**, 1857
Chile, trachoma in, **443**
Chloral hydrate, in cataract surgery, **1370**
Chloromycetin, in trachoma, 445
Cholinesterase, in retina, 1523
localization in ocular tissues (cat), **1580**
Cholesterol degeneration of macula, 1870
Choriopathy, **1147**
Chorioretinal atrophy, **116**
CHORIORETINITIS: Central serous with coloboma, 142
importance in retinal detachment, 1714
light and color sense disturbances in, 1561
luetic, vitreous detachment in, 1392
nematode, 1731
sympathetic, 447
toxoplasma and, 1868
CHOROID: Angioma of, **267**, 293
atrophy of, due to rupture ciliary artery, **1700**
progressive, 1865
brucellosis causing lesion of, 161
carcinoma, diagnostic difficulties in, 732
metastatic, **1400**
congenital anomalies of, 1384
detachment of anterior, 448
experimental investigation of, 618
hemangioma, clinical diagnosis, 1400
melanoma of, 1727
aspiration biopsy of, **419**
morphobiology of, 1726
sarcoma, late recurring, 155
sclerosis vessels of, 1551
tuberculosis of, streptomycin in, **414**
tumors of, 1726
CHOROIDITIS: Exudative, diathermy for, 1709
importance in myopia, 1526
polylysate therapy in, 1856
recurrent, 1385
tuberculous, associated with xanthoma tuberosum, **573**
Cilia, in anterior chamber, **728**
Ciliary artery, presence of anterior, 904
rupture of, **1700**
Ciliary band, gonioscopic observation of, 1556
CILIARY BODY: Annular melanoma of, **1359**
malignant, **1806**
passage radioactive sodium from blood to, 605
Ciliary muscle, innervation of, 1849
Ciliary processes, embryonic intra-epithelial cyst of, **1676**
Ciliary vessels, blood pressure and caliber of, 884
Circle of Willis, aneurysm of, 1720
Circulation of the eye, 881
Clinic, trachoma in Naples, 1734
Coates' disease and cerebral tumor, 1559
Collagen disease, eye findings in, 160
relationship to scleromalacia, **917**
COLOBOMAS: Atypical of iris, 293
optic disc, and chorioretinitis, 142
simulating papilla, 1550
Color blind, what do they see? **1471**
COLOR BLINDNESS: Comparative analysis of, 606
congenital with traces of color vision, 1852
diagnosis with Trendelenburg dots, 1851
report on monocular, **1471**
Color discrimination, influence night work on, **889**
Color, organic approach to, 1526
Color sense, mechanism, dark adaptation to study, 839
COLOR VISION: Anomalies of, 912, 1057
binocular fusion of yellow, **285**

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

COLOR VISION *(continued)*
deficiency, in cholesterol degeneration of macula, 1870
disturbances, gene localization in, 1731
sex-linked, 1731
in congenital color blindness, 1852
mechanism of, **1529**
newer theories of, 1852
of vertebrates, 1853
tests for, **608**
illumination in, 1852
three-component theory of, 1057
Colorado Ophthalmological Society, **115, 421, 1039, 1507**
Compensation for eye injuries, 1734
Compound F, **933**
CONGENITAL ANOMALIES: A new syndrome of, 912
aniridia, 1384
anophthalmos, 1732
arteriovenous retinal aneurysm, 1393
choroidal, 1384
color vision, 912
conjunctival, with microcornea, 1732
cornea plana, 136
embryonic basis for, **865**
endothelial defects of Descemet's membrane, **342**
fixation, in amblyopia, 1850
maternal anoxia (mice) causing, **311**
maternal rubella and, 1732
mesodermalis dygenesis corneae, 912
nasolacrimal duct obstruction, **455**
oculofacial palsy, 256
of levator palpebrae, ptosis due to, 1398
of optic disc, visual fields in, **389**
persistent pupillary membrane, 619
phlebektasia fundi, 621
polycoria, **253**
racemose retinal aneurysm, 142
retinal pigmentary degeneration, 623
See also under names of various organs and regions
CONJUNCTIVA: 740
allergic reaction of during placenta treatment, 614
amyloid degeneration of, 1861
angioscopy of, 446
antibacterial immunity of, 613
Bowen's disease of, 898
carcinoma of bulbar, 901
circulation of, in healed trachoma keratitis, 1549
crystal deposits in, in cystinosis, **1596**
epithelial plaques of, **843**
folliculosis, examination X10 magnification, 1547
implantation cyst of, **196**
lesion of, **1039**
lymphomas of, 135, 157
malformation with microcornea, 1732
papilloma of, at corneal limbus, 1567
pemphigus, surgery of late, 1381
sensation of in central nervous system, 1053
teratoma of, 1732
thelaziasis of, 747
tophi of, associated with gout, 1778
tuberculosis of, **445**
primary, 135
streptomycin in, **1824**
vessels of, closed branches of, 599
Conjunctival sac, instrument to distend, 890
physiology of, 292
vaccinia of, 1548
CONJUNCTIVITIS: Allergic and dermatitis of lids, 1566
cytology of, **1863**
chronic, paredrine hydrobromide in, **1692**
due to Newcastle virus, **1021**
outbreak of, 1381
due to Salmonella, 614
epidemic diphtherial, 900
gonococcic, prophylaxis with penicillin oil, 616
inclusion, topical therapy in, **1811**
louse-bite, **444**
Parinaud's, in tularemia, 159, 1549
pneumococcal, experimental study, 1548
vernal, ACTH in, 1231
CONJUNCTIVITIS, VERNAL *(continued)*
associated with corneal degeneration, 614
cortisone in, 1231
Connective tissue, influence thyrotropic hormone on, 282
CONTACT LENSES: aqueous veins and, ***10**
corneal haze and halos caused by, explanation of, **691**
for gonioscopy, **1821**
for lamellar corneal transplant, **1378**
for ophthalmoscopy, **1821**
for penetrating corneal transplant, 1378
in albinism, 1535
in neuroparalytic keratitis, 1535
in unilateral aphakia, 1526
increased ocular tension with, 1554
power lacrimal layer in, 436
precorneal, 284
protective value of, 1056
to correct high anisometropia, 1225
wearers, maintaining optic properties cornea in, 1060
CONVERGENCE: 888
accommodation and, 1852
disorders of, etiology and pathology, 896
in depth perception, 1529
nonfusional, accommodation and, 132
paralysis, pupillary sign for diagnosis, 1719
pupil reaction to, in pineal gland tumor, **1815**
Conversion adapter, 438
Copper within eye 30 years simulating tumor, **687**
CORNEA: Allergy and, 1569
and sclera, 442
anomalies of, relation to glaucoma, 1063
aqueous veins in, after injury, 615
artificial implant in, theory of, 437
blood staining of, 1381
Bowen's disease of, **898**
burns, cortisone in, **1125, 1364**
calcareous film of, treatment for, **1497**
cancer of, 1567
changes, due to antibiotics, 1864
due to sulfonamides, 1864
chemical burns of, **1088**
See also under Injuries, chemical
conical, in children, 1382
refraction in, 888
surgery of, 1549
crystal deposits of, in cystinosis, **1241, 1596**
curvature, after advancing external horizontal muscle, 1526
Degeneration, associated with vernal conjunctivitis, 614
crystalline, **898, 1229**
DYSTROPHY: Congenital mesodermal, **912**
Fuchs,' 901
marginal, in Paget's disease, 900
endothelial, **342**
corneal graft in, **349**
epithelial, corneal graft in, **349**
epithelium, cells of, transformation of, 1845
hyperplasia of, 1862
erosion, due to shaving lotion, **1694**
foreign bodies of, **1040**
glycolytic activity of, 136
guttata, **116**
familial, associated with cataract, 1545
haze of, contact lenses and, **691**
herpes of: See under Herpes and under Herpetic Infections
hyaluronidase in, mucolytic action of, 1850
in cystinosis, **1241, 1596**
in gargoylism, 1732
incision, advantages of Gayet's, 1539
infiltration, associated with scleritis, 443
cortisone to clear, **1206**
invasion by epibulbar tumor, 1549
Kaiser-Fleischer ring of, histochemical studies, 1062
Krukenberg's spindle of, **110**
lesions of, cortisone in, **1298**
leukotaxine action on, 134
maintenance optical properties of, in contact lens wearers, 1060

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

CORNEA *(continued)*
metabolism, influence thyroid hormone on, 885
of stored human, 605
subconjunctival saline injections and, 884
microcornea, and conjunctival malformations, 1732
nerve fibers of (rabbit), 599
nervous regulation of, 616
neurogenic diseases of, 616
opacities, benzl cinnamate in trachomatous, 901
pigmentation, congenital, of, 1063
plana, congenital, 136
plasma implantations in, **701**
regeneration, without transplantation, 1381
representation of sensation in, in central nervous system, 1053
riboflavin and, 1521
rigidity of, in glaucoma, 630
swelling of, 900
ULCERS: Aerobacter aerogenes producing, 134
dendritic, **422**
due to Pseudomonas aeruginosa, 1861
Mooren's, **1546**
rodent, pathogenesis, 1862
therapy, 1862
serpiginous, catholysis to treat, 1864
traumatic, aqueous in, 1860
vascularization of, effect cortisone on, 890, 1849
after burns, 893
effect radiation on, 1055
riboflavin in, 135
vitreous adhesion to, **411**
wounds of, effect cortisone on, **889**
surgical treatment, 902
CORNEAL TRANSPLANTATION: 292, **592**, 898, **1700**
clouding of, due to individual specific sensitization, 1548
contact lens for lamellar, 1378
for penetrating, 1378
dendritic keratitis of, 1229
graft protected by second cornea, 1546
in endothelial dystrophy, **349**
in epithelial dystrophy, **349**
in trachoma, 443, 1557
lamellar, 1546, 1550
to treat herpetic keratitis, 899
new instruments to center, 1541
past and present, **1548**
plasma implantations in cornea, **701**
postoperative complications, **719**, **1697**
protected, 1381
resistance graft to infection, 1544
sclera in experimental, 1849
some phases of, **1697**
study of syphilis transmission by, 352
sutures, application of direct, **587**
technical details in, 1863
using a corneal cap, **357**
See also under Keratoplasty
CORRESPONDENCE:
Alernating hypertropia, **1838**
American Journal of Ophthalmology, **1219**
Antistine eyedrops, **1704**
Chloral hydrate in cataract surgery, **1370**
Cilia and ointments in anterior chamber, **728**
Cylinder rotation test, **595**, **1048**
Horner's syndrome: An American discovery, **126**
Hydrosulphosol in chemical injuries, **877**
M.D. degree of Norway, **126**
Ocular manifestations of some tropical diseases, **272**
Research grants available, **275**
Retrolental fibroplasia, **431**
Standardization of terminology, **431**
When were aqueous veins detected?, **1512**
Corticoid determination of aqueous humor, **932**
CORTISONE: **111**, 131, **290**, 438, 612, 894, 895, 1059, 1228, 1523, 1524, 1536
acneforme reaction following, **855**
action in inflammatory disease, 891
action in tissue repair, 891
action on pneumococcic infections, **935**
antiexudative action of, 1375
CORTISONE *(continued)*
as test for trachoma recovery, 899
clinical observations, 1057
clinical results, 1228
clinical evaluation of, 892
dangers in use of, 1375
effect on corneal vascularization, 890, 1849
effect on healing corneal wounds, 889
effect on herpetic keratitis, 602
effect on horse-serum uveitis, 288
effect on ocular inflammations, 895
effect on permeability blood-aqueous barrier, 891
effect on tissue cultures, 895
experiences with, **112**
experimental observations, 1057
fibrinolytic action of, 1375
in Boeck's sarcoid, **111**
in chemical injuries, 893
in corneal burns, **1125**
in corneal lesions, **1298**
in experimental corneal burns, **1364**
in experimental exophthalmos, 1519
in exophthalmic ophthalmoplegia, 1722
in eye diseases, 288
in iridocyclitis, **117**, 1060, 1552
in ocular diseases, **663**
in ophthalmology, 1854
in perforating injuries, 893
in retrolental fibroplasia, 1374
results, 1376
in sarcoidosis, **111**, 446
in scleromalacia, **917**
in secondary glaucoma, 449
in sympathetic ophthalmia, **864**
in syphilitic interstitial keratitis, 292
in vernal conjunctivitis, 1231
indications for use of, 1376
influence on capillary permeability, 282
influence on effect of antibiotics, **935**
influence on macrophagocytosis, 282
influence on wound healing, **282**
intraocular penetration of, **1125**
local use, 288, 290, 890, 891, 1533, 1857, 1858
ocular tension and, 1555
overdosage inhibited by ACTH, 602
papillitis during therapy with, **713**
physiologic considerations in therapy with, 287
to clear corneal infiltrates, **1206**
topic, therapeutic evaluation, 1375
vitamin C and, in iritis, 1539
Craniofacial dysplasia, hereditary, **500**, 750
Craniostenosis, 912
Crede's prophylaxis, 1734
Cross-cylinder, modified, 437
Crouzon's disease, **500**, 750
Cul-de-sac reconstruction, 1533
CURARE: Action on ocular tension, 1552
in cataract extraction, survey 100 cases, 1227
in ocular surgery, 1227
CYCLODIATHERMY: in juvenile glaucoma, **393**
instrument for, 288
perforating, in infant glaucoma, 1064
results in glaucoma, **1035**
Cyclopia in human embryo, 1846
Cycloplegia, paradoxal ocular motility after, **261**
postdiphtheric, 1397
Cysticercus, visual fields in cerebral, 1721
Cystinosis, ocular, **1241**, **1596**, 1729
CYSTS: Implantation of conjunctiva, **196**
hydatid, proptosis due to, 607
of ciliary processes, embryonic intra-epithelial, **1676**
of orbit, 740
pigmented, in anterior chamber, 1550
See also under names of various organs
Cytochrome-C content of lens, 1849
Cytology of phlyctenular keratoconjunctivitis, 614

D

Da Vinci, Leonardo, notebooks of, **593**
Of the eye, **507**

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

Dacryocystectomy, for epiphora, 1565
Dacryocystitis, endocrine dysfunction and, 1724
in infants, 1399
treatment of, 155
Dacryocystorhinostomy, 1566, 1723, 1724
by intubation, 1566
electric drill for, 1855
in malunited fracture of orbit, **1103**
polyethylene tubing in, 136
without sutures, 1566
DARK ADAPTATION: binocular, in coal miners, 606
decrease of, in cholesterol macular degeneration, 1870
effect preadapting light on, 887
effect short dazzling on, 887
for yellow, 889
in glaucoma, 138
in perimetrically blind fields, 1528
in study of color sense, 889
in visual field studies, **951**
influence of Adaptinol on, 608
light sensitivity in, after insufficient oxygen, 1052
after increased ocular tension, 1052
normal binocular vision in, 606
tests, and practical night vision, 607
Deformities: See under Congenital Anomalies and under names of various organs and regions
Dental foci provocation in diagnosing uveitis, 1538
Dental sepsis, eye and, 610
Depth preception, convergence in, 1529
faulty, caused by cyclotorsion, 887
physiologic basis of, 607
Dermatitis, and the eye, 1072
atopic, complications of, **116**
incontinentia pigmenti, and retrolental fibroplasia, 1716
Dermoids, epibulbar, 750
Descemet's membrane, congenital endothelial defects of, **342**
Development of eye, dynamics of, 1224
DFP (di-isopropyl fluorophosphate), in cycloplegic refraction, **1484**
glaucoma precipitated by, **1031**
retinal detachment due to, 1870
See also under Glaucoma and under Therapy
DIABETES: Alloxan, and production of radiation cataract, **993**
and eye, group study of, **1454**
cataract in, 1388
in juvenile, **577**
group survey on, **866**
ocular manifestations of, 911
response retinal vessels to priscoline in, **1715**
rubeosis iridis in, 293
DIABETES MELLITUS: Cataract extraction in, 1713
papillitis due to, **855**
retinal changes in, 737
retinal findings in pregnancy complicated by, **831**
retinal response to priscoline in, **375**
small vessel dysfunction in, 1715
third-nerve palsy in, 1396
Diabetic lipemia retinalis, 908
Diabetic neuropathy, pupil changes in, 740
DIABETIC RETINOPATHY: Autonomic nervous system in, 1067
diabetic control and, 1402
endocrine function and, **861**
endocrine system in, 1067
hyperglycemia and, 746
influence rutin on, 908
juvenile, **577**
significance of, 296
vegetative nervous system and, **861**
Diagnosis, differential of inflammations and tumors, 447
Diathermy, in exudative choroiditis, 1709
in surgical treatment of glaucoma, 449
Dibenamine, **420**
Dicumarol, effect on visual fields in glaucoma, **1710**
in retinal vascular disease, 622
in retinal vein thrombosis, 450
DIPLOPIA: Apparatus for darkroom examination of, 1858
in concomitant strabismus, 887
correction of, **1822**
measurement of fields in, 441
red-lens, relation to heterophoria, **1356**
relation to binocular vision in strabismus, **436**
Dominance, monocular, demonstration and evaluation, 1529
theory of ocular, 1531
Drilitol in external eye disease, **1134**
Drugs, ocular effect of systemically administered, **867**
sensitivities and irritations, **1504**
Drusen of the optic nervehead, **1599**
Duke-Elder, Sir Stewart, **123**
Dynamometer, 1532
Dynamometry, standardization of, 283
Dysostosis, etiology and clinical study, 750
mandibular-facial, **457**
See also Craniofacial Dysostosis and Crouzon's disease
Dystrophia adiposogenitalis, eye findings in, 1718

E

Eales' disease, nervous manifestations in, 1234
Ectropion, operation for, **591**
See also under Eyelids
EDITORIALS:
"A dream cometh through a multitude of business," **1701**
Adjustment to aphakia, **118**
Anti-infection agents: Examples of dormant data, **1218**
Cajal: A centenary appreciation, **1215**
Clinical Congress of American College of Surgeons, **1837**
Surgical television, **122**
Da Vinci's notebooks, **593**
IV Pan-American Congress of Ophthalmology, **268**
Lancaster course in basic ophthalmology, **872**
Ophthalmic abstract journals, **872**
Ophthalmic laboratorians, **1365**
Pan-American Association Caribbean cruise, **1511**
Registry of Ophthalmic Pathology, **1835**
Residency training system and medical insurance programs, **722**
Puzzle of retrolental fibroplasia, **424**
XVII International Congress of Ophthalmology, **870**
Sir Stewart Duke-Elder, **123**
Specialist examinations in Canada, **270**
Spring meetings, **1042**
Wills Eye Hospital, 4th clinical congress, **726**
Egg membrane, for chemical injuries of eye, **1585**
Electrical excitability of retina, 1529
Electrical field about the eye, 1525
ELECTROENCEPHALOGRAPHY: changes in strabismus, ***54**
to study suppression amblyopia, **66**
Electromicroscopic studies of infectious agent in trachoma, 134
Electrophoresis, of abnormal aqueous, 1557
Electrophysiology of eye, 1526
ELECTRORETINOGRAM: components of human, 1531
first attempts in clinical, 1536
in children, 606
in increased ocular tension (rabbit), 1847
in night blindness, 1870
in retinitis pigmentosa, 1558
PI-component after light exposure, 1526
Electroretinography, clinical survey, **1346**
Electroshock, effect on ocular tension, **1625**
Elephantiasis of eyelids, ACTH in, 1565
Emmetropia: See under Refraction
Encephalitis, calcification and eye symptoms in, **908**
eye findings in, 748
virus, cross-immunization tests with, **883**
Endocrine, dysfunction and dacryocystitis, 1724
function, in diabetes mellitus, **861**
Endocrinology, modern trends in, 1401
Endophthalmitis phaco-anaphylactia, **177**
Entropion, cicatricial, due to trachoma, 154
instruments for Ewing's operation for, 742

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

ENTROPION *(continued)*
senile, relief of, 1399
See also under Eyelids and under Trachoma
Enucleation, and cosmetic rehabilitation, 1534
knife for, 1374
plastic compressor for, 1854
See also under Implants and under Prostheses
Epiphora, dacryocystectomy for, 1565
due to congenital obstruction nasolacrimal duct, 455
traumatic, 154
See also under Lacrimal Apparatus and under Tears
Epithelial downgrowth, **1508**
management, **719**
See also under Cataract Extraction
Epithelium, pathologic changes in pigmented, 1054
Erb-Goldflam syndrome, 1564
Erisophake, manually operated, 1855
Esophoria: See under Strabismus
Esotropia: See under Strabismus
Estradiol implants in pituitary exophthalmos, 151
Evisceration, plastic compressor for, 1854
EXOPHTHALMOS: Antithyroid therapy and, 909
bilateral, etiology of, 150
due to meningioma, 1567
due to mucocele of maxillary sinus, 151
due to rupture intraventicular aneurysm, 1870
effect of ACTH on experimental, ***101**
effect of cortisone on experimental, 1519
estradiol implants in postoperative pituitary, 151
estrogen in Basedow's disease, 1730
in myasthenia gravis, 1730
malignant, evolving in Graves' disease, 1871
mucopolysaccharides in experimental, 282
myxedema and progressive, 1722
pituitary, 1073
pulsating, **1699**
von Recklinghausen's disease and, 1722
roentgen therapy of progressive, 1070
thyrotropic, 1401
vitamin E and, 283
unilateral, diagnosis of, 150
recurrent, 151
Exopththalmic ophthalmoplegia, 613
ACTH in, 1722
cortisone in, 1722
EYE: Allergy and external, 1570
blind, malignant melanoma of retained, 156
development of, biochemical changes, 883
histologic changes, 883
illiteracy due to abnormalities and disease of, 163
tumors of, 100 cases, 156
Eye patients, occupational therapy for, 163
Eye symptoms, associated with general disease, 1401
Eyelash in lacrimal punctum, **1206**
EYELIDS: 740
abscess, differential diagnosis from orbital phlegmon, 1565
blepharoplasty, for herniated intraorbital fat, 152
carcinoma, 1237
chemosurgery of tumors of, 1566
dermatitis of, 1072
and allergic conjunctivitis, 1566
ectropion: See under Ectropion
edema of, **1210**
elephantiasis of, ACTH in, 1565
entropion: See under Entropion
injuries of: See under Injuries
movements of, 153
plastic surgery: See under Plastic Surgery
primary vaccinia of, 1565
reconstruction of lower, **1775**
repair of upper, after partial resection, 153
in trachoma, 154
retraction in Basedow's disease, 747
sarcoma, 1237
scars of, 1071
tumors, 910, 1071
X-ray therapy of, 1566
Eyepads, commercially prepared packs, 1534

F

Face injuries, surgical repair of, 158
Fanconi syndrome: See Cystinosis
Far East and India, ophthalmology in, **1635**
Fat embolism of retina, 144
Fatigue, illumination and, 33
pupillographic study of, 739
Fever therapy, 1540
in optic nerve disease, 1395
See also under Hyperpyrexia, Foreign-Protein Therapy, and Therapy
Fingernails, in diagnosis retrobulbar neuritis, **83**
Fixation, anomalies of in amblyopia, 1850
FLICKER FUSION: Apparatus to measure, 1229
clinical use of, 1853
correlation with perimetric tests, 1525
See also under Perimetry and under Visual Tests
Flora of the eye, antibiotic-producing bacteria of, ***73**
Fluorescein, action pyrazolon derivatives on, 1847
apparatus to measure in anterior chamber, 1537
appearance in aqueous humor in glaucoma, 139
to test patency lacrimal passages, 153
test, principles underlying, 1382
technique of, 1382
Folliculosis, ×10 magnification of conjunctival, 1547
FOREIGN BODIES: Alopecia with, 441
copper, simulating tumor, **687**
curtain rod, surgical removal, 454
detecting spectacle glass, **1349**
extraction of, 893
without inducing cataract, 1065
glass, 1383
in cornea, **1040**
in orbit, 1568
instrument to remove, 1533
intraocular, 1727
iron, **1699**
localization of, 893
operation, in one-eyed patient, 1400
rubber, after surgery, 1871
siderosis bulbi developing from, **1700**
simple removal of, 744
Foster-Kennedy syndrome, 148
in Paget's disease of skull, 624
spinal fluid in, 439
Fuchs, Ernst, 913
Fuchs mucocutaneous syndrome, 749
FUNDUS; angioid streaks of, 1562
camera for photographing, **851**
changes, in arterial hypertension, 144, 145, 1066
in malignant hypertension, 141
in Willebrand-Jürgen's disease, 621
understanding of, 1857
dystrophy, histologic study, 902
in retinal detachment, 1854
in tuberculous meningitis, 747
myopic, in vascular retinopathy, 1714
normal in premature infants, 601
slitlamp study of, 1562
stereoscopic picture of, 1533
vessel micrometry, 907
Fungus infections, **281**
ocular aspects of, **1052**
sporotrichosis, **102**
Furacin in ophthalmology, **1343**
FUSION: Binocular of yellow, 285
peripheral, 1531
stereoscopic, limits of, 286
movies to test, 285

G

Galactose cataract, genesis of, **69**
Gargoylism, 1732
eye histology in, 458
Gelatine foam, in ophthalmic surgery, 612
Geniculate body, cortical response to stimulation of, 739
Gifford, Sanford R., Memorial Lecture, **1737**
GLAUCOMA: Abnormal reflex in, 902
angioscotometric tests for, 903

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

GLAUCOMA *(continued)*
aqueous outflow in, 905
aqueous vein flow as test, 1554
borderline forms of, **1291**
calamus rhizome provoking, 1710
chronic, heredity in, 139
congestive, iridectomy in, 1386
compensation maximum as symptom of, 1387, 1554
CONGENITAL, 734
goniotomy in, **463**, 1555
and iris inclusion, **947**
neurovascular mechanism controlling, **696**
surgical treatment for, **463**, 1387
considerations of, 138
corneal rigidity without hypertension, 620
cupping in, mechanism of, 1065
cyclodiathermy in, 261, 288, **393**, **1035**, 1064, 1397, 1846
dark adaptation in, 138, **951**
diagnosis, gonioscopy in, **25**
lability test, **25**
diathermy in, 449
dibenamine in, **421**
DFP precipitating, **1031**
early diagnosis of, 1869
experimental pupil-block, 477
familial, 1868
fluorescein appearing in aqueous in, 139
follicle-hormone therapy for, 1556
gonioscopy in diagnosis of, **25**, 1711
goniotomy in congenital, **463**, **947**, 1555
HEREDITY and, 619, 904
survey of, 1869
hormone action in, 734
hypertension: See under Ocular Tension
hypertensive uveitis and, 1063
in high myopia, 1869
infantile, cyclodiathermy in, 1064
intraocular pressure: See under Ocular Tension
juvenile, **393**
cyclodiathermy in, **393**
minus lenses as adjuvant control, **1029**
lens-induced, **177**, **370**, **489**
management after cataract extraction, **721**
Menière's disease and, **241**
narrow-angle, **1696**, 1709
neurovascular mechanism and, **469**, **696**, 1555
new drugs in, 904
OPERATIONS: Aqueous passage after, ***38**
combined quadruple, 139
gonioscopic evaluation of, 1232
on aphakic eyes, 1553
perforation lens capsule during, **720**
results of combined, 904
pathogenesis in relation to therapy, **1209**
perimetry in: See under Perimetry
"phacogenetic," **489**
Poos' theory, 1556
predilection left eyes for, **1480**
PRIMARY: Anterior chamber tissues in, **1232**
cataract operation in, 735
evaluation capillaries in, 1710
gonioscopy in, 1711
original ocular tension in, 903
pathogenesis, 1387, 1553
phasic variations in ocular tension in, **1**
prothrombin studies in, 1386
variations in ocular tension in, 1555
progressive myopia and, **485**
pseudoglaucoma, etiology of, 623
psychosomatic factors in etiology, 1553
retrociliary diathermy and cyclodialysis in, 1387
secondary, cortisone in, **449**
to iris atrophy, **264**
to iris neovascularization, 1385
simple, ocular tension in, 448
precorneal film in, 1556
surgery, platinum implant in, 448
tension: See under Ocular Tension
tests, blindspot response in, 903
cold-pressor, application of, 1711

GLAUCOMA *(continued)*
lability, **25**
traumatic, **904**
visual fields in, effect dicumarol on, 1710
studies of, **387**
with minute light, **951**
See also under Visual Fields
without hypertension, 1552
See also under Ocular Tension
Glaucomatocyclitic crises, **214**
observations on, 1556
GLIOMA, of the retina, 144, **868**
heredity in, 457
pseudoglioma: See under Pseudoglioma
See also under Tumors
Globe, experimental shortening of, 1227
Glutathione in lens, 1848
Glycolysis, corneal, 136
Gonioscope, modified binocular, **1499**
to observe ciliary band, 1556
to observe iris root, 1556
GONIOSCOPY: 1065
contact lens for, **1821**
in diagnosis of glaucoma, **25**
in evaluating glaucoma operations, 1232
in primary glaucoma, 1711
in study progressive iris defects, 1550
in vascular hypertension, **1386**
present status of, **590**
Goniotomy, in buphthalmos, **463**, 1555
in congenital glaucoma, **463**, **947**, 1555
new contact lens for, **463**
Gonorrheal ophthalmia: See under Newborn and under Ophthalmia Neonatorum
Gout, conjunctival tophi in case of, **1778**
ocular findings in, **1778**
Graves' disease, ophthalmoplegia in, 1871
Grippe, ocular complications of, 1863

H

Hallucinations, visual, **296**
Harada's disease, 1383
and Vogt-Koyanagi syndrome, 1866
Head injuries, eye manifestations of, 1537
visual disturbances of, 909
Headaches, **894**
problems of, 1854
See also under Migraine
Heart disease, retinal artery pulsations in, **585**
Hemagglutination, in ocular tuberculosis, 1518
Hemangioma, relation to nervous system, 1400
See also under Lindau-von Hippel Disease, Nevus, Sturge-Weber Syndrome, and Tumors
Hemianopia, due to hemorrhage, 1719
one-eyedness in, 1721
spectacles for, clinical evaluation, **1489**
visual function in, **588**
HEMORRHAGE: After filtering operations in diabetics, **721**
hemianopia due to, 1719
into anterior chamber, **717**
macular, due to war injuries, 1394
prevention in globe operations, 1377
subarachnoid, eye signs of, 624
subhyaloid, due to aneurysm rupture, 1870
subretinal, **423**
vitreous, 906
See also under the names of the various organs and regions
Hemorrhagic telangiectasia, hereditary, **543**
HEREDITY: In chronic glaucoma, 139
in color vision, 912
in corneal dystrophy, 1229
in craniofacial dysostosis, **500**
in dystopia canthorum, 911
in glaucoma, 619, 904, 1869
in hemorrhagic telangiectasia, **543**
in Leber's disease, 1404
in microcornea and cataract, **1017**
in ophthalmology, 457

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

HEREDITY *(continued)*
in organ hypersensitivity, 457
in retinal glioma, 457
in retinoblastoma, 1403, **1611**
in strabismus, 897
HERPES: Aureomycin in, 883
simplex, experimental, **1737**
keratitis, 281
prontosil injections in, 1538
zoster, 453
internal ophthalmoplegia in, 1564
scleral staphyloma after, 1544
Herpetic keratitis, 281
effect ACTH on, 602
effect cortisone on, 602
lamellar keratoplasty to treat, 899
urea in, **442**
Heterophoria, red-lens diplopia in, **1356**
See also under Strabismus and under Orthoptics
von Hippel-Lindau disease: See under Lindau-von Hippel
Histamine, in Bell's palsy, 1541
Hodgkin's disease, eye changes in, 1872
iridocyclitis and, 617
Homeopathy in ophthalmology, 1404
HORMONES: Action in glaucoma, 734
in allergic eye conditions, 883, 911
melanotropic in treating retinopathy, 907
See also under ACTH and under Cortisone
Horner's syndrome: An American discovery, **126**
Horopter, mathematical analysis of, 1527
Hyaloid, herniation of, **716**
Hyaloid artery, persistent, 141, 1731
Hyaluronic acid, biologic importance of, 886
HYALURONIDASE: **633, 1765**
action of aqueous humor on, 603
action of subconjuctival, 603
biologic importance of, 886
content of aqueous, effect ACTH on, 290
effect on blood-aqueous barrier, 604
hemato-ophthalmic permeability and, 604
in ocular surgery, **683**
mucolytic action in cornea, 1850
in pterygium, **1765**
Hydroa vacciniforme, eye signs of, 1728
Hydrochloric acid, for calcareous film of cornea, **1497**
Hydrophthalmos, variations ocular tension in, 1556
Hydrosulphosol, in chemical burns of eye, **21, 877**
experimental study on, **1653**
Hypercalcemia, eye changes in, 1730
Hyperpyrexia: See under Fever Therapy
HYPERTENSION: Arterial, and the eye, 145
eye and nervous system changes in, 159
fundus changes in, 144
classification retinal angiopathy in, **404**
clinical findings in, 296
essential, classification of, 160
eye and, 295
fundus changes in, 1066
malignant, fundus changes in, 141
ocular: See under Ocular Tension
ophthalmoscopic findings after sympathectomy for, **147**
retinal changes in, 737, 1389
retinal and renal arteriosclerosis in, **1748**
retinal arteriolar changes in, **1831**
retinal vessels in, 1390
vascular, gonioscopy in, 1386
Hypertropia, alternating, **1838**
See also under Strabismus
Hyphema, **721**
postoperative in cataract, 905
traumatic, **977**
and Menière's disease, **241**
Hypopyon, intercurrent with iridocyclitis, 1866
Hypotony: See under Ocular Tension

I

Illiteracy, due to eye disturbances, 163
Illumination, fatigue and, 33
in testing color vision, 1852
ILLUMINATION *(continued)*
organic approach to, 1526
visual performance and, **33**
IMPLANTS: Acorn, 1374
Allen, instrument to deliver suture through, **863**
suture handling for, 1058
corneal, theory of, 437
for eviscerated globe, 440
gelatine foam for, 612
orbital, 1227
platinum, in glaucoma surgery, **448**
polyviol, 1542
retracted socket and, **89**
screw-type, **399**
socket care following extrusion of, **721**
study of surface corrosion of, 1398
surgery for extruding, **1355**
symposium on orbital, 1235
See also under Enucleation and under Prostheses
Inclusion blennorrhea, phase-microscope studies virus of, **1606**
Inclusion bodies: See under Trachoma
India, ophthalmology in Far East and, **1635**
Industry, accidents in, 1539
eye injuries in, 745
Industrial ophthalmology, new problems in, 163
INFANT: Bilateral retinoblastoma in premature, **1647**
dacryocystitis in, 1399
lens surgery in, **140**
premature, fundus findings in normal, 601
retrolental fibroplasia in: See under Retrolental Fibroplasia
INFECTIONS: Focal in ophthalmology, 1517
foci of. in sympathetic ophthalmia, 1384
postoperative, 1517
management of, **718**
See also under names of various organs and regions
INFLAMMATIONS: Anterior segment, study anterior angle in, **1463**
diagnostic value Mantoux test in, 733
electroencephalogram in recurrent, 892
hereditary tendency to, 457
spinal fluid in recurrent, 892
See also under ACTH, Cortisone, and names of various organs and regions
INJURIES:
burns, cortisone in, **1364**
treatment of, 1728
chemical, calsulfhydryl in, 609
cortisone in, 893, **1125**
corvasymton in, 1568
egg membrane for, **1585**
Hydrosulphosol in, **21, 877, 1653**
treatment acute lime, 287
of cornea, **1088**
secondary repair of, **1091**
treatment of, 293
compensation for eye, 1733
contusion, **1115**
emergency surgery of, 455
emergency treatment of, 455
eye, care of in battalion aid stations, 743
in boxers, 157
in Korea, 744
immediate care of, 158
facial, surgical repair of, 158
fracture of orbit, **1103**
malunited, canthoplasty and dacryocystorhinostomy for, **1103**
wire pin for, 1071
head, optic atrophy after, 1285
visual disturbances in, 909
indelible pencil, 745
industrial eye, 745
lacerating, **1096**
orbit, teaspoon penetrating, **1871**
penetrating, 1727, 1728
and sympathetic ophthalmia, 1384
perforating, 1727
cortisone in, 893

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

INJURIES *(continued)*
permanent waves causing, 745
plastic repair of, **1091**
See also under Plastic Surgery
remote to eye, ring scotoma caused by, 1558
sea-urchin spines causing, 745
symposium on ocular, **1077**
thermal burns of eye and adnexa, **1077**
chemical burns of cornea, **1088**
repair of chemical and thermal burns, **1091**
lacerations of eye and adnexa, **1096**
canthoplasty and dacryocystorhinostomy, **1103**
ocular contusions, **1115**
thermal burns, **1077**
cortisone in, **1125**
secondary repair of, **1091**
ultraviolet ray burn, **1358**
visual radiations causing, 1722
war, macular hemorrhage due to, 1394
See also under the names of various organs and regions
INSTRUMENTS:
adaptometer, 1379
beta-ray applicator holder, **1499**
cataract scissors, **1353**
contact lens for goniotomy, **463**
for gonioscopy, **1821**
for ophthalmoscopy, **1821**
conversion adapter, 438
corneal curette, 1378
cross cylinder, modified, 437
daylight eye-chart illuminator, 1535
demonstration eyepiece for slitlamp, **1204**
double-mirror gonioprism, 1378
drill for dacryocystorhinostomy, 1855
drill to reduce Ridley lens, 1855
dynamometer, 1532
electrode for retinal detachment, 894
electric tonometer, 895
endoscope for observing eye, 1533
enucleation knife, **1374**
erisophake, manual operating, 1855
eye exercise stick, **1502**
eyelid clamp, 890
fit-over trial frame, **1501**
fixation forceps, **1690**
for registration pupil movement, 1535
for diplopia examinations, 1858
for Ewing's entropion operation, 742
for pupillography, 437, **440**
for pterygium operation, 890
for squint operations, 894
for use with Haag-Streit slitlamp, 1537
foreign body remover, 1533
fundus camera, **851**
fusion aid, **1690**
gonioscope lens, 439, **1821**
gonioscope, modified binocular, **1499**
keratome, **1691**
lid retractor for prematures, **1501**
loupe, illuminated monocular, 439
paired scissors, **1375**
portable perimeter, **439**
preservation of fine, 1540
prism, and lollipop holder, 439
protective shield, 1057
sclerotomy scissors, 1541
slitlamp fluorometer, 1374
stand and drape support, 1374
star-shaped slit for slitlamp, 612
stereoscope, 1532
strabismus muscle forceps, 438
stretcher for deformed sockets, 1539
surgical drapes, plastic, 438
test type, portable, 438
to aid in examining prematures, **1501**
to center corneal transplant, 1541
to deliver suture through Allen implant, **863**
to detect feigned amblyopia, 609
INSTRUMENTS *(continued)*
to distend conjunctival sac, 890
to explain Sturm's conoid, **415**
to measure flicker fusion frequency, 1229
to measure fluorescein in anterior chamber, 1537
to remove eye sutures, **1207**
tropophorometer, 439
wand for test objects, **414**
Zeiss-Nordenson camera, modified, 439
International Congress of Ophthalmology, XVII, **870, 1219, 1367, 1512, 1704, 1838**
Interstitial keratitis: See under Keratitis
Iridectomy, action in chronic glaucoma, 1386
Iridencleisis, ocular tension rise after, **720**
physiopathology of, **788**
sympathetic ophthalmia after, 1383
technique of, **788**
Iridocorneal angle, photography of, 1540
IRIDOCYCLITIS: ACTH in, 1060
acute fibrinous, **1552**
after harvest fever, **733**
and Hodgkin's disease, **617**
associated with rheumatic arthritis, 1231
cortisone in, **117, 1060**
due to Ascaris, **1550**
due to Leptospira, **617**
etiology, **1867**
intercurrent hypopyon and, 1866
Iridoschisis, **1550**
IRIS: Aberrant glandular tissue of, 1382
annular melanoma of, **1359, 1806**
atrophy, and secondary glaucoma, **264**
in xeroderma pigmentosum, 1551
Cannon's law of denervation and double innervation of, **1847**
coloboma of, 293, 912
cysts of, 1382
after glass splinter, 1383
effect of metals on, 1523
endothelial lining of, **882**
essential atrophy of, **522**
gonioscopic study of progressive defects of, 1550
melanoma, annular malignant, **1359, 1806**
surgery of, **743**
neovascularization of, clinical investigation, 1387
secondary glaucoma due to, 1385
pigmented tumor of, **1384**
prolapse, postoperative, **718**
root, gonioscopic observations of, 1556
rubeosis iridis, 293
sphincter, innervation of, **883**
thread retractor for, 1856
xanthoma of, **583**
IRITIS: As presenting symptom in spondylitis, 617
blood-aqueous permeability in, 137
cortisone and vitamin C in, 1539
posterior exudative, **1685**
Irradiation, effect on eye, 1400
See also under Radiation, Radium, Roentgen, X-rays, and under names of various diseases, organs, and regions
Isotopes in medicine, 611
Israel, trachoma in, **866**

J

Jackson Memorial Lecture, **167**

K

Keratectomy, in degenerative lesions, 1547
KERATITIS: Bullous, from vitreous contact, 292
petrosal neurectomy in, **444**
due to experimental herpes simplex, **281**
effect antibiotics on bacterial, **1847**
effect terramycin on bacterial, **1847**
exposure, **1040**
herpetic, aureomycin in, **1544**
during measles, **1547**
lamellar keratoplasty to treat, **899**
urea in, **442**

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

KERATITIS *(continued)*
hypopyon, changes after, 1234
interstitial, syphilitic, cortisone in, 292
new therapy of, 1381
neuroparalytic, contact lens in, 1535
oidiomycine **101** in, **287**
origin leukocytes in, 1522
parenchymatous, relation to allergy, 901
hyaloid fibers after, 900
periarteritis nodosa and, 136
rosacea, testosterone to treat, 1861
trachomatous, conjunctival circulation in healing of, 1549
virus, 899
KERATOCONJUNCTIVITIS: **422**
epidemic, antibiotics in, 1545
clinical study of, 1546
cross immunity tests in, 883
experimental studies of, 1544
in Peking, 1381
phlyctenular, cytologic study of, 614
sicca, 154
after lacrimal gland extirpation, 742
Bengal rose as diagnostic aid in, 445
failure hormone therapy in, 1062
lacrimal flow in, **773, 782**
unusual form of, 1229
Keratoconus: See under Corneal, conical
Keratoglobus: See Megalocornea
Keratoplasty: See Corneal Transplantation
Kimmelstiel-Wilson syndrome, ophthalmoscopic findings in, **1827**
Klippel-Feil syndrome, eye symptoms of, 1061
Korea, management eye casualties in, 744
Krukenberg's spindle, **110**

L

Labyrinth, hyphema and glaucoma in hydrops of, **241**
LACRIMAL APPARATUS: 624, 740
intubation, 910
nonsurgical repair of strictures of, 742
surgery of, 154
trauma to, 154
canaliculi, surgical treatment obstructions of, 1724
duct, fistula of, 1732
fluid, in keratoconjunctivitis sicca, **773**
gland, hypersecretion, 1724
keratoconjunctivitis sicca after extirpation of, 742
mixed-cell tumor of, **1034**
mumps involving, 1399
passages, conservative treatment of, 154
fluorescein test for patency of, 153
punctum, double lower, 1404
eyelash in, **1206**
sac, carcinoma of, 152
histology of, at various ages, 741
oncocytes in walls of, 1723
polyps of, 1723
role in tear elimination, 740
stenosis, plastic tube in, 1399
surgery of, 297
tear drainage after extirpation, 742
tuberculosis, primary of, 624
See also under Dacryocystorhinostomy, etc.
Lacrimation: See under Tears
Lagophthalmos, after ptosis operation, 910
Lamina cribrosa, blood supply of (rabbit), 1846
Lancaster, Walter Brackett, **427, 1044**
Lawrence-Moon-Biedl syndrome, 750
Leber's disease, pedigree of family with, 1404
sympatholytic agent in, 908
LeConte's book on "sight," **245**
LENS: 1870
allergy and, 1569
cataractous, bleaching of, **1033**
changes after roentgen irradiation, 1525
circulation of fluid in human, 1388
cytochrome-C content, 1849
effect nonelectrolytes on capsule permeability, 1524
glutathione in, **1848**
hyaloid artery and development of, **141**
LENS *(continued)*
-induced glaucoma, **177, 370, 489**
-induced uveitis, **177, 370, 489**
luxation, surgical treatment, 449
metabolism, glycolysis, *33
nonenzymatic "respiration," *21
opacities, experimental, 1850
phase-contrast microscopic examination of, 140
problems in physiology of, 1055
roentgen irradiation and changes of, 140
shape of, physical factors influencing, 885
surgery, in infancy and childhood, 140
swelling in physiologic medium, 1055
transparency retention of, 1850
vitamin-C metabolism of, 906
synthetic action of, 1521
vitreous and, 1388
weight retention of, 1850
Leonardo da Vinci: Of the eye, **507**
Leprosy, eye manifestations in, **1360**
visual disturbances in, 1401
Leptospira, in uveitis, 1865
iridocyclitis after infection with, 617, 733
ophthalmia lenta due to, 617
Leukemia, orbitoconjunctival localization of, 1380
retinal manifestations of acute, 748
Leukocytes, origin of in keratitis, 1522
Leukoma, protected keratectomy in, 1547
Leukotaxine, action on cornea, 134
LIGHT adaptation: binocular, in coal miners, 606
influence privin on sensitivity to glare, 1227
normal binocular vision in, 606
Light sense in myopia, 1529
Light, threshold sensitivity eye to, 1225
Lighting, vision and fluorescent, 1733
Limbus, epithelial hyperplasia of, 1862
Lindau-von Hippel disease, 913
See also under Angiomatosis
Lipoid deposits in gargoylism, 1732
Lipoidosis, proptosis due to, 1073
retina in, 143
Lipotropic factors, visual apparatus and, 601
Lipotropic substance to absorb vitreous opacities, 450
Lobotomy, effect on ocular tension, **1625**
Luedde, William Henry, **874**
Lupus erythematosus, eye findings in, **837**
Lymphomas, conjunctival, 135, 157
giant follicular, **711**

M

Macrophagocytosis, influence cortisone on, 282
MACULA: Biomicroscopic changes of, 1562
biomicroscopic functions of, 1562
capillaries, flow rate in, 884
cholesterol degeneration of, crystals in, 1870
DEGENERATION: Hereditary, **1507,** 1713
senile, 1067
Stargardt's familial, 145
tapetoretinal, 620
visual fields in, **388**
function of, graticule test for, 439
hemorrhage, due to war injuries, 1394
hole, localization through globe, 1535
ophthalmoscopic aspects of, 1391
pathology of, 906
photographic aspects, 1391
pigmentation of, after maternal rubella, **408**
structure of, 1235
visibility of yellow in abnormal, 736
Madrid, Ophthalmological Society of, **114, 591, 868, 1699**
Malformations: See under Congenital Anomalies and see under names of various organs, regions, etc.
Malingering, in relation to visual acuity, **47**
new test for, 1533
test for monocular, 1228
Malnutrition: See under Nutrition, deficiencies of
Mantoux test, diagnostic value of, 733
Marcus Gunn syndrome, 1564
Marfan's syndrome, **1495,** 1731
pathogenesis, 1074

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

Marriage, ophthalmic considerations in consanguineous, 750
Maternal rubella, 1732
  effect on embryonic eye, 600
  macular pigmentation following, **408**
  ocular and general malformations after, 1388
  See also under Congenital Anomalies
Measles, herpetic keratitis during, 1547
  optic neuritis in, 146
Medical education, Lancaster course in basic ophthalmology, **872**
  problems in graduate, 1404
  research grants for, **275**
  residency system and medical insurance, **722**
Medical insurance, residency system and, **722**
Memorial Lectures: Gifford, **1737**
  Jackson, **167**
Megalocornea, pathogenesis of, 616
MELANOMAS: Annular of iris and ciliary body, **1806**
  associated with retinal hole, 1392
  in retained blind eye, 156
  morphobiology of malignant of choroid, 1726
  of choroid, **419**, 1727
  See also under Tumors
Melanosarcoma, treatment of, 1567
Menière's disease, hyphema and glaucoma with, **241**
Meningiomas, pregnancy affecting intracranial, 157
  See also under Tumors
Meningitis, tuberculous, eye symptoms in, 158
  streptomycin for children with, 1730
Mester's reaction, value in ophthalmology, 1228
Methanol, study of therapeutic agents for poison of, ***113**
  visual toxicity of, ***107**, ***113**
  See also under Alcohol, methyl
Methonium compounds in anesthesia, 1059
Methyl alcohol: See under Methanol
Methyl cellulose solutions in ophthalmology, 1375
Microcornea, cataract and hereditary, **1017**
  conjunctival malformation and, 1732
Microscopy, phase-contrast, of inclusion blennorrhea virus, **1606**
  of vitreous, 1223
Microwave diathermy, effect on rabbit eye, **1001**
Microwave irradiation, ocular damage by, **993**
Microwaves, experimental cataract and, 1524
Migraine, ocular symptoms of, 296
    importance of, 1069
  ophthalmoplegia and, 738
  retinal vein occlusion in, 451
Military services, visual acuity and, 162
Mineral-water therapy in ophthalmology, 1228
Mintacol, clinical study of, 1056
  pharmacologic study of, 1056
  to improve aphakic vision, 294
Miosis: See under Pupils
Miotics, in nonparalytic strabismus, **1191**
  mydriatics and, 1519, 1520
  pupil resistance to, **1833**
Moebius' syndrome, **256**
Moniliasis, 1518
Morax-Axenfeld diplobacillus, nuclei in, 602
Motility, paradoxal after cycloplegia, **261**
MOVEMENTS of the eye: Analysis by electrical method, **441**
  bioelectric currents in, 291
  during fixation, 1519
  examination of, 896
  under stress, 441
Mumps, involving lacrimal gland, 1399
MUSCLES of the eye: Anatomy levator palpebrae, 1398
  corneal curvature after advancing, 1526
  dystonia, significance accommodation in, 1530
    significance ocular position in, 1530
  equilibrium of, 1380
  extrinsic, afferent impulses and, 132
    control functions of, 283
    paralyses of, 133
    progressive dystrophy of, 133
    sympathetic innervation of, 132
MUSCLES *(continued)*
  inferior rectus laceration, 744
  iris sphincter, innervation of, 883
  Marcus Gunn syndrome and, 1564
  Müller, in ptosis of trachoma, 444
  palsy, congenital oculofacial, **256**
  PARALYSIS: convergence, horizontal divergence due to, 1544
    due to malnutrition, 1396
    due to sickle-cell anemia, 1601
    elevator, depression gaze and, 1062
    extrinsic, diagnosis and management, 133
    intracranial pressure and divergence, 454
    muscle transplantation in, 1062
    rotator, congenital, **256**
  recession, safety suture for, 1059
  retroplacement inferior oblique at scleral insertion, **217**
  rotator, congenital paralysis of, 256
  See also under Strabismus
Myasthenia gravis, 1402
  eye symptoms of, 1729
  exophthalmos in, 1730
  pseudoparalysis in, 1564
Mydriasis: See under Pupils
Mydriatics, miotics and, 1519, 1520
  synergistic combination, **412**
MYOPIA: 285
  etiology of, 1226
  glaucoma in high, 1869
  glaucoma and progressive, **485**
  importance choroiditis in, 1526
  light sense in, 1529
  mechanical factors in pathogenesis, 1526
  near work, cause of, 436
  night, 887
    effect on accommodation, 1226
  physical conditions and, 1062
  prophylaxis, 1530
  tissue therapy in degenerations of, 1541
    to clear vitreous in, 1713
Myxedema, progressive exophthalmos and, 1722

N

Nasolacrimal duct, congenital obstruction of, 455
NERVES: Trigeminal, chemical mediators and, 1848
  See also Nervous System, Neuritis, Paralysis
Nervous system, influence on ocular tension, 1553
  influence on vascular circulation of eye, 1553
  vegetative, role in diabetes mellitus, **861**
Neurinoma: See under Tumors
Neuromyelitis optica, **755**
  with xanthochromia and spinal block, 909
Nevus flammeus, 619
  See also under Angioma and Sturge-Weber syndrome
New York Society of Clinical Ophthalmology, **111, 264, 588, 715, 865, 1208, 1504, 1696, 1827**
NEWCASTLE DISEASE: Conjunctivitis due to virus of, **1021**
  experimental conjunctival infections with, 615
  eye infections from, 293
  infections in man, 748
  outbreak of conjunctivitis due to, 1381
  pathogenic action in chick eye, 1518
Newborn, Crede's prophylaxis in, 1734
  histologic findings in eyes of, **1407**
News Items, **164, 298, 459, 625, 753, 914, 1076, 1238, 1405, 1571, 1735, 1873**
Nicotinamide, action on optic nerve in quinine poisoning, 283
Night blindness, electroretinogram in, 1870
Night myopia, 887
  effect on accommodation, 1226
Night vision, correlation with dark-adaptation tests, 607
Night work, influence on color discrimination, 889
  influence on visual acuity, 889
Nitrogen mustard, in uveitis, **114**, 1868
Norway, blindness in, **1153**
NUTRITION DEFICIENCY: Amblyopia due to, **1402**
  effect on eye, 1730
  eye findings in, in Japan prison hospital, **228**

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

NUTRITION DEFFICIENCY *(continued)*
histopathologic changes in, 604
muscle paralysis in, 1396
optic neuritis and, **229**
xerophthalmia and, **229**
See also under Vitamin Deficiency
Nutritional disturbances, optic nerve disease due to, 1395
retinal disease due to, 1395
NYSTAGMUS: 1544
during narcoanalysis, **608**
harmonic analysis of synthetic vestibular, 1542
in cervical cord lesions, 739
miner's, frequency of movements in, 1857
of blind, **1070**
physiologic, autodemonstration of, **231**
strabismus and, 1543

O

OBITUARIES:
Lancaster, Walter Brackett, **427**
Luedde, William Henry, **874**
Scobee, Richard Gordon, **1367**
Sherrington, Sir Charles Scott, **1045**
Stine, George Haeberle, **875**
Occupational therapy for eye patients, 163
Ocular flora, antibiotic-producing bacteria of, *73
Ocular phakomatoses, 160
OCULAR TENSION: Action curare on, 1552
action ganglioplegics on, 1552
action narcosis on, 1552
after ovariohysterectomy, 1556
after skull injuries, 903
aqueous-vein caliber and, 294
clinical tonography and, 619
contact lens causing increased, 1554
cortisone and, 1555
diurnal variations in hydrophthalmos, 1556
effect acetylcholine on pulsation curve of, 1868
effect ACTH on, **659**
effect direct pressure on eyeball on, 284
effect electroshock on, **1625**
effect epinephrine on pulsation curve of, 1868
effect lobotomy on, **1625**
effect placenta extract on, 1385
effect retrobulbar injection medicaments on, 1063
effect sympathetic nervous system on, 1553
electroretinogram of increased (rabbit), 1847
in primary glaucoma, **903**
in simple glaucoma, 448
increased, due to mediastinal tumor, 1385
neurovascular mechanism and control of, **469**
and congenital glaucoma in rabbits, **696**
phasic variations in, in primary glaucoma, 1
retinal cells and increased, *133
subnormal, after filtering operations, **715**
variations in primary glaucoma, 1, 1555
See also under Glaucoma, Hypotony, Tonometry
Ocular tuberculosis: See under Tuberculosis
Oculocutaneous lesions, 1072
Oculofacial palsy, congenital, **256**
Oculoglandular tularemia, 1549
Oidiomycine 101, in keratitis and uveitis, 287
OINTMENT: Bacteriologic examination of, 1540
fat-free grape sugar in eye disease, 1541
fundamentals in use of, 1537
in anterior chamber, **728**
mucoid, 1537
toxicity of scopolamine, 1521
uses of eye, 1541
Onchocerciasis, 1073
visual disturbances in, 1401
Operations: See under names of various diseases, organs, regions, etc.
Ophthalmia lenta, bacteriologic findings in, 618
clinical findings in, 618
due to leptospira, 617
Ophthalmia neonatorum, penicillin prophylaxis of, 752
terramycin prophylaxis of, 1059
Ophthalmia nodosa, **555**
Ophthalmia: See also under Conjunctivitis and under Sympathetic ophthalmia
Ophthalmic abstract journals, **872**
Ophthalmic accident insurance, 1733
Ophthalmic laboratorians, **1365**
Ophthalmic Pathology, Registry of, **1835**
OPHTHALMOLOGY: homeopathy in, 1404
in Far East and India, **1635**
international standards in, 458
Lancaster courses in basic, **872**
practice of, in canton Glarus, 1404
preventive, physicians opportunity in, **1253**
Ophthalmometric findings in astigmatism, 1529
Ophthalmometry, fundamentals of, 1057
OPHTHALMOPLEGIA: Due to angioneurotic edema, 1380
due to congenital syphilis, 1397
due to migraine, 738
exophthalmic, 613
in Graves' disease, 1871
internal, in herpes zoster, 1564
internuclearis anterior, 149
scorpion bite causing, 441
See also under Muscles of the eye
OPHTHALMOSCOPY: Aids in, 1377
centenary of, 1075
contact lens for, **1821**.
findings, after sympathectomy, 147
in Banti's syndrome, 746
in diagnosing vascular disease, 621
indirect, improved illumination in, 1531
red-free, light sources for, 289
Optic axis, length in living eye, 599
Optic canal, X-ray studies of, 1398
Optic disc, atrophic excavation of, 147
choked, in spinal cord tumor, 148
coloboma, and chorioretinitis, 142
visual fields in anomalies of, **389**
OPTIC NERVE:
ATROPHY: After head injuries, 1235
angioma causing, 1718
arachnoiditis and, 453
diagnosis of, 146
in adolescence, **1272**
in childhood, **1272**
in infancy, **1272**
posthemorrhagic, 1563
uveitis and, 453
visual fields in, **389**
chiasm degeneration and, **265**
disturbances of, **755**, **764**
drusen of the nervehead, **1599**
evulsion, due to trauma, 1718
fever therapy in diseases of, 1395
injuries of, assessing visual damage in, 1396
nutritional diseases and, 1395
shape in astigmatic eye, 286
nicotinamide and, in quinine poisoning, **283**
reaction to streptomycin, 889
tumors of, 1235, 1725
See also under Tumors
OPTIC NEURITIS: Bilateral transverse, 1397
etiology based on 15-year study, **75**
in measles, 146
in mononucleosis, 1396
nutritional deficiencies and, **229**
retrobulbar, nerve canal opened to treat, 894
See also under Retrobulbar Neuritis
visual fields in, **388**
Optic neuromyelitis, **755**
Optic neuropathies, **764**
Optics and visual physiology: Review, 436; 1852
Optokinetic responses, study of, 739
ORBIT: Cysts of, 740
decompression, transmaxillary approach, 151
encephalocele, 740, 1237
traumatic, 297
foreign bodies of, 1568
fractures of, **1103**
implantation to improve prosthesis, 1537
injuries, teaspoon penetrating, 1871
oncotic blood pressure in development of, 1846
paraganglioma of, 1564

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

ORBIT *(continued)*
plasmocytoma of, **1726**
plastic surgery of retracted, **89**, 1722
pseudotumors of, **1398**
diagnosis and therapy, 1565
reconstruction of, 1533
reticulosarcoma of, 156
review of literature on, 455
stretcher for deformed, 1539
tumors of, 155, 740, 1722
vascular-nervous development in embryo, 1846
wounds of, with intracranial complications, **745**
ORTHOPTICS: Exercise stick for, **1502**
in convergent strabismus, 1380
in heterophoria, 1859
scope and limitations, 1379
simple aid for, **1690**
value in strabismus, 1542
OXYGEN:
administration in retrolental fibroplasia: See under Retrolental Fibroplasia
consumption in rabbit eye, 1523

P

Paget's disease, central retinal vein thrombosis in, 908
eye changes in, 455
Foster-Kennedy syndrome and, 624
marginal corneal dystrophy in, 900
Palsy: See under Muscles
Pan-American Congress of Ophthalmology, **268**
Caribbean cruise, **1511**
Panophthalmitis, Paracolon escherichia producing, **1196**
PAPILLEDEMA: Distinction between pseudopapilledema and pseudoneuritis, 1397
in poliomyelitis, 738
in radiculoneuritis, 736
mechanism of, 150
visual fields in, **388**
See also under Optic Neuritis
Papillitis, diabetes mellitus as cause, **855**
during cortisone therapy, **713**
in Addison's disease, 749
See also under Optic Neuritis
Papilloretinitis, in tuberculosis, 621
Paracolon escherichia, experimental study on group producing panophthalmitis, **1196**
Parasites, Ascaris causing chronic iridocyclitis, 1550
intestinal, phlyctenular keratoconjunctivitis and, 1382
Mintacol to treat infections with, 1402
onchocerciasis, 1073
Paredrine hydrobromide, in chronic conjunctivitis, **1692**
PAS (para-aminosalicylic acid), in ocular tuberculosis, **603**
Pathergic status, in ocular pathology, 281
Patherogometry in retinal detachment, 452
Patient, management of unruly, **718**
Pemphigus, surgery of conjunctival, 1382
Perception of movement, study of, 1530
Periarteritis nodosa, **1619**
keratitis in, 136
uveitis in, 136
See also under Polyarteritis
Perimeter, plotting deviations with Goldmann, 1380
Perimetry: See under Visual Fields
Periorbital tumors, 1071
PENICILLIN: Action on hemolytic streptococcus, 602
action on Staph. pyogenes, 602
allergic reaction to, Staph. toxoid in, **1540**
complications of use of, 1058
in gonococcic conjunctivitis, 616
in trachoma, 1865
in vitreous of rabbit eye, 1522
level in eye, effect ultrasound on, 1058
prophylaxis in ophthalmia neonatorum, 752
"Phacotoxic" reaction in uveitis, **370**
Pharmacology and toxicology: Review, 604
Phase-contrast microscopy, lens examination by, 140
in study of inclusion blennorrhea, **1606**
in study of vitreous, 1223
Philadelphia, College of Physicians, Section on Ophthalmology, **263, 417, 1034, 1359, 1697, 1829**
Phlebektasia fundi, 621
Phlyctenular keratoconjunctivitis, cause of, 1863
cytologic studies of, 614
intestinal parasites and, 1382
precipitating factors in, 1860
Phorias: See Strabismus
Phosphatases, in ocular tissues, histochemical study, **284**
Phosphate cycle, in retina, 1224
PHOTOGRAPHY: Camera for fundus, **851**
iridocorneal angle in, 1540
of stramismus patients, **1353**
slitlamp cinematography in, 893
Zeiss-Nordenson camera modified, 439
Phthisis bulbi, due to chickenpox, 1057
Physician's opportunity in preventive ophthalmology, **1253**
Physiologic chemistry of eye: Review, **1522**
Physiologic space, origin of, 888
Physiotherapy, in ocular disease, 440
Pigment of eye, biology of mesenchymal, 600
Pituitary gland, retinal metabolism and, 1053
Pituitrin, vitamin B_1 distribution in eye and, 886
Placenta, and amniotic fluid, therapeutic uses, 1540
biologic properties of extract, 1854
conjunctival reaction to, 614
in retinitis pigmentosa, 622
influence extract on ocular tension, 1385
therapy, 1375
Plasmacytoma of orbit, 1726
PLASTIC SURGERY: After burns, **1077, 1091**
for retracted socket, **89**, 1722
of lower eyelid, **1775**
variations of temporal flap, 1534
Plesiotherapy, in ocular affections, 1532
Poliomyelitis, papilledema in, 738
Poliosis, uveitis and vitiligo with, **568**
Polyarteritis nodosa, **1619**
Polycoria, true, **253**
Polylysate therapy in ophthalmology, 1856
Polymyxin B, experimental studies on, ***83**
in Pseudomonas aeruginosa infections, ***82**
Postoperative period, 1538
PREGNANCY: associated with intracranial meningiomas, 157
retinal findings in, **831**
toxemias of, retinal changes in, 737
Pregnenolene in uveitis, 1384
PREMATURE INFANTS: Fundus findings in normal, 601
instrument to aid in examining, **1501**
retinoblastoma in, **1647**
retrobulbar abscess in, 1398
retrolental fibroplasia in: See under Retrolental Fibroplasia
Preventive ophthalmology, **1253**
Priscoline, **187**
in ophthalmology, 613
retinal vessel response to, **191**
in diabetes, **375**, 1715
Proctor Medal Award acceptance, ***3**
Prontosil, subconjunctival injections of, 1538
Prophylaxis, in gonococcic conjunctivitis, 616
See also under Newborn
Propionate, in external eye disease, 612, 1539
Proptosis, due to hydatid disease, 607
due to lipoidosis, 1073
PROTHESES: Cellulose eye, 1538
evaluation of, **527**
insertion at autopsy, **1823**
orbital implant to improve, 1537
retracted eye socket and, **89**
Stone-Jardon, use of, 437
See also under Enucleation and under Implants
Prothrombin studies in primary glaucoma, 1386
Pseudoglioma, clinicopathologic study, **61, 199, 364**
pathologic classification, **199**
Pseudomonas aeruginosa infections, Polymyxin B in, ***82**
Psychology, problems of in amblyopia, 1734
Psychosomatic treatment of eye diseases, 1854

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

PTERYGIA: 133
hyaluronidase to treat, **1765**
instrument for operation on, 890
operation for, 293, 897
pathology of, 293
recurrent, 443
treatment of incipient, 1546
PTOSIS: Lagophthalmos following correction of, 910
operations for, **114**, 894
surgery for, **108**, 1723
trachomatous, Müller's muscle in
See also under Eyelids
PUPILS: Adie's syndrome, 296
blockage, glaucoma and, **477**
changes, in Cheyne-Stokes respiration, 605
in diabetic neuropathies, 740
dilator of, study on, 1845
diameter of, irradiation cataract and, **993**
enlarged, after cataract extraction, **719**
Horner's syndrome, **126**
miotic-resistant, **1833**
movements of, apparatus for continuous registration of, 1535
voluntary, 1069
persistent membrane of, 619
reaction, hemianopic, 1720
to convergence in pineal gland tumor, **1815**
true polycoria, 253
Pupillography, in fatigue, 739
instrument for, 437

Q

Quinine poisoning, nicotinamide action in, 283

R

Radiation therapy, **637**
effective and safe, **629**
effect on corneal vascularization, 1055
in retinoblastoma, 1394
osteogenic sarcoma after, **811**
Radioactive isotopes in medicine, 611
Radioactive phosphorus to detect intraocular tumor, 1060
Radioactive sodium, passage from blood to ciliary body, 605
passage to aqueous from blood, 605
Reading, laboratory for development of, 1404
Reading types, standardization of, 888
Recklinghausen's disease, pulsating exophthalmos and, 1722
REFRACTION: Body growth and, 285
changes, and cataract, 1232
DFP in cycloplegic, **1484**
findings compared to visual screening tests, **819**
fit-over trial frame for, **1501**
Goldman's method in, 886
in keratoconus, 888
mechanism of, 1858
plus-three error in, implications of, 1850
Raubitschek arrow-test for astigmatism, **1334**
spontaneous changes in strabismus, 1543
static during adolescence, 606
See also under Aniseikonia and under Astigmatism
Renal disease, ophthalmic aspects of, 159
retinal changes in, 737, **1748**
Reticulosarcoma of orbit, 156
RETINA: Allergy and, 1568
aneurysms, congenital, 1393
in general disease, 146
racemose, 142
sickle-cell anemia and, 1066
angioid streaks of, 451, 1389
angiomatosis, 1560
angiopathy, classification in hypertension, **404**
arteriolar changes in hypertension, **1748**, **1831**
arteriolosclerosis, relation to renal in hypertension, **1748**
artery, pressure in central, 884
pressure in obliteration cerebral arteries, 148
induced pulsations in cardiac patients, **585**
blood vessels, circulation in normal, 884
in acute changes of blood, 1716

RETINA *(continued)*
blood vessels *(continued)*
in chronic changes of blood, 1716
in hypertension, **1390**
neurocirculatory dystony of, 1718
rapid changes in diameters of, 1716
response to priscoline, **187**, **191**, 375, 1715
cells, survival time, ***133**
cerebrospinal lipidosis and, 143
changes, in diabetes mellitus, 737
in hypertension, 737
in pituitary syndrome, 1397
in renal disease, 159, 737, **1748**
in toxemias of pregnancy, 737
cholinesterase in, 1523
circulation of, 1519
anatomic study of, 1223
cardiopathy and, 450
disturbances of, **1769**
of central, **1753**
regulating mechanism of, 1524
in brain disease, 1858
cysts of, **265**, 737, 1559
DEGENERATION: Central tapeto-, 1560
pigmented, histologic findings in, 623
plasma proteins in, 1560
Stargardt's, 1561
DETACHMENT: **116**, **423**
after cataract extraction, **716**, 1557
behavior eyes with in water-drinking test, 144
combined operation in cases poor prognosis, 1561
complications, influence on surgical results, **1263**
electrode for operations, **894**
episcleral resection in, 1389
experimental, **565**
familial, 450
fundus in, 1854
idiopathic, importance retinal tears in, 1714
localizing tears in, 452
sunlight and, 621
in aphakic eye, due to DFP, 1870
importance chorioretinitis in, 1714
management of, **1827**
need for occupational therapy in, 161
operations, results of, 1562
study failures in, 1394
patherogometry in, 452
photomotor reflex in, 1235
postoperative complications, 1391
postoperative hemorrhage curing, **1493**
postoperative management, **719**, 736
present therapy in, 1394
scleral resection in, 1068, 1715
sclerectomy in, **708**
Shahan thermaphore in, **1038**, **1201**
subclinical, 1393
surface coagulation in, 288
surgical treatment of, **1573**
causes of failures in, 452
transconjunctival diathermy in, 1559
visual fields, after operated, 737
studies in, **388**
vitreous detachment and, 141
with retinal rupture, 622
diseases of, 1392
electrical excitability of, 1529
electrophysiologic study during metabolic impairment of, ***126**
electroretinogram, in children, 606
enzymatic systems of, 142
fat embolism of, 144
fat substance in, 888
findings in pregnancy, **831**
glioma of, 144, **868**
heredity in, 457
hemorrhage, in postoperative vitreous detachment, 623
hereditary degenerations in mouse, 452
hole, melanoma with, 1392
hydrolysis of adenosine triphosphoric acid in, 602
hypertension and, 1389
in retrobulbar neuritis, 1395

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

RETINA *(continued)*
illumination, and geniculate-body stimulation, 739
influence drugs on function of, 1851
layer tear of, anatomic findings in, 1389
manifestations in acute leukemias, 748
metabolism, effect methanol on, ***107**
pituitary gland and, 1053
neurons of, 1225
nutritional disease and, 1395
oxydase and succinic dehydrogenase in, **1847**
periarteritis of, 1563
periphlebitis, etiology, 1561
phosphate cycle in, 1224
photosensitive substance of, 142
pigmentary disturbances of, **1040**
prophylactic operations on, 736
reflexes of, 606
response to priscoline, **18**, **191**, **375**, 1715
tumors of, 1870
study of, 1716
vascular disease, ambulatory treatment of, 622
VEIN: Circulatory aspects, 1714
occlusion, 1392
anticoagulants in, 1390
in migraine, 451
vasodilators in, 142
thrombosis, **1212**
circulatory aspects, 1714
dicumarol in, 450
in Paget's disease, 908
metabolic aspects, 1714
pathogenesis, 141
prevention of, 141
treatment of, 141
tortuosity and brain disease, 623
venous pulse of, 738
Retinal angiopathy, traumatic, 1561
Retinal correspondence, abnormal, 133
two phases of, **1204**
anomalous, 1528
test of, 897
Verhoeff's theory of anomalous projection, **807**
Retinal mechanism of vision, **1505**
RETINITIS: exudative, toxoplasmosis and, 738
PIGMENTOSA: 1392
after acute infection, 452
electroretinogram in, 1558
etiology, 1717
experimental studies of, 143
melanophore hormones to treat, 1717
placenta extract to treat, 622
polylysate therapy in, 1856
sinus neurectomy in, 1715
stellate ganglion block in, 1068
stored blood to treat, 146
visual field studies of, **387**
polylysate therapy in, 1856
proliferans externa, **1699**
RETINOPATHY: Albuminuric, 620
angiospastic, **1509**, **1769**
diabetic, significance of, 296
See also under Diabetic Retinopathy
hypertensive, new classification, 1391
in dermatomyositis, 1390
in juvenile diabetics, **577**
in renal disease, 159
melanotropic hormone to treat, 907
microaneurysms in, in general disease, 146
vascular, fundus myopic eye in, 1714
RETINOBLASTOMA: **115**, 1716
bilateral, in premature, **1647**
in six siblings, **1611**
genetics of, 1403
irradiation of, 1394
osteogenic sarcoma after, **811**
pathologic study after radon seeds and radium disk treatment, 1562
radium to treat, 156
roentgen rays to treat, 743
surgical treatment, 156
RETROBULBAR NEURITIS: Due to carbon monoxide, 1068
due to polyhalogen hydrocarbon intoxication, 1396
fingernails in diagnosis of, **83**
nerve canal opened to treat, 894
retina in, 1395
visual fields in, **388**
RETROLENTAL FIBROPLASIA: 143, **431**, **592**, **869**, 1734, 1715, **1828**
ACTH in, 737
results, 1376
anoxia and, 623, **301**
maternal in mice, and **311**
clinical and autopsy findings in, 1388
clinicopathologic study, **311**
cortisone in, 1374
results in, 1376
etiology, 1390
and prophylaxis, **301**
incidence, **1716**
incontinentia pigmenti and, 1716
instrument to aid in examination for, **1501**
method for examining infants, 894
oxygen administration and, **301**, **311**, **329**, **1248**
pathogenesis, studies on, ***64**
pathology of early, **1407**
in nine cases, 736
puzzle of, **424**
survey of, **1426**
vitamin E and, 1374
Rheumatic nodules of eye, 1230
Riboflavin, 135
cortisone and, 1521
in eye disease, 1058
See also under Vitamins, B
ROENTGEN THERAPY: 1855
in progressive exophthalmos, 1070
in retinoblastoma, 743
in sympathetic ophthalmia, 137
lens changes after, 140, 1525
lens opacities in mice and, **848**
See also under X rays
Rubeosis iridis, 293
Rutin, clinical value, 132
in diabetic retinopathy, 908

S

von Sallmann, Ludwig, ***2**
biographical data, ***5**
published writings, ***6**
Salmonella, conjunctivitis due to, 614
Sarcoidosis, 1551
cortisone in, 446
eye complications in, 882
ocular, **547**, **551**
See also under Boeck's sarcoid
Sarcoma, of choroid, late recurrence, 155
See also under Tumors
Schlemm's canal, anatomic study, 1517
gonioscopic study after eyeball compression, 1868
Pacchionian-like bodies in, 1224
Schreck's studies on sympathetic ophthalmia, 1867
SCLERA: And cornea: Review, 442
blue, **869**
cicatrization of wounds of, 1230
diseases of, 446
in corneal transplantation (experimental), 1849
necrosis of, 897
resection, in retinal detachment, 1068, 1715
staphyloma, after herpes zoster, 1544
thinning of, **1040**
Scleral plaques, 1546
Scleritis, corneal infiltration with, 443
Sclerodermia, 161
Scleromalacia, 135
ACTH and cortisone therapy in, **917**
clinicopathologic study, **917**
perforating, 1546
Scleroperikeratitis, 615
Sclerotomy, scissors for, 1541
Scobee, Richard Gordon, **1367**

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

Scotomas, fingernails in diagnosis central, **83**
of Goldmann under experimental conditions, 1527
ring, caused by remote injuries, 1558
Scrofulous diseases of eye, 898
Shahan thermaphore in retinal detachment, **1038**, **1201**
Sherrington, Sir Charles Scott, **1045**
Sichel, French ophthalmologist, 1734
Siderosis bulbi, **1700**
Sinus, maxillary, approach in orbit decompression, 151
mucocele of, causing exophthalmos, 151
Sjøgren's syndrome, 443
and rheumatic arthritis, 911
rose bengal as diagnostic aid in, 445
See also under Keratoconjunctivitis sicca and under Tears
Slitlamp, cinematography, 893
demonstration eyepiece for, **1204**
star-shaped slit for, 612
Societies: See under names of various Societies
Society Proceedings: **111**, **263**, **417**, **588**, **715**, **864**, **1034**, **1208**, **1359**, **1549**, **1696**, **1827**
See also under the names of the individual societies
Socket of the eye, retracted, **89**
Sodium propionate, bacteriostatic effect of, **1848**
in external eye disease, 612, 1539
SOLUTIONS: Clinical observations with buffered, 1520
glycol as solvent of ophthalmic, 1520
isotonic, clinical observations with, 1520
methyl cellulose in ophthalmic, 1375
sterile ophthalmic, maintenance of, **656**
preparation of, **656**
Spatial perception, sensory and motor functions in, 1952
SPECTACLES: Acrylic lenses in aphakia, 295
contact lenses: See under Contact Lenses
determining optical center of, **107**
dispensing problems, **285**
emerald of Nero, 1733
for hemianopia, clinical evaluation, **1489**
image formed, by point-focal lenses, 1226
by wide-angle lenses, 1226
importance corrected curves in, **1320**
minus-lenses in control juvenile glaucoma, **1029**
precorneal lenses, 284
protective, new types glass for, 1527
reversible bifocal, 1530
tinted lenses in, 1851
for shooting, **859**
trial frame for children, 1536
fit-over, **1501**
Squint: See Strabismus
Sphenoid, sarcoma of, 150
Spinal fluid, sugar count in Foster-Kennedy syndrome, 439
Sporotrichosis, **102**
Staining, contrast of trachoma bodies, **627**
Stains, action pyrazolon derivatives on fluorescence of, **1847**
Staphylococcus, pyogenes, action penicillin on, 602
toxoid, in ophthalmology, 1538
to treat allergic penicillin reactions, 1540
Stevens-Johnson disease, 1403
Stereocampimetry, with Bjerrum screen, 1226
Stereoscopic moving pictures, to test fusion, 285
Stereoscopy, new stereoscope for, 1532
Stillborn, histologic findings in eyes of, **1407**
Stine, George Haeberle, **875**
STRABISMUS: 291, 1859
amblyopia in, 613
concomitant, acute, 1379
alternating hypertropia in, **795**
diplopia in, 887
relation to binocular vision, 436
measured recession and resection in, results of, **959**
convergent, management, 1229
miotics in nonparalytic, **1191**
orthoptics in, 1380
spontaneous refractive changes in, 1543
electroencephalographic changes in, ***54**
heredity in etiology and treatment of, 897
horizontal, with secondary vertical deviations, 441
in twins, **1825**
STRABISMUS *(continued)*
new views on origin of, 1542
nonparalytic convergent, miotics in, **1191**
nystagmus and, 1543
orthoptics in, 1379
value of, 1542
pathogenesis of, 1860
photography of patients with, **1353**
treatment of, 1860
Verhoeff's theory of anomalous projection, **807**
vertical component in, 1061
See also under Amblyopia, Muscles, Orthoptics
Stratospheric flying, ophthalmic problems of, 751
Streptococcus, action penicillin on hemolytic, 602
Streptokinase in ophthalmology, **1184**
STREPTOMYCIN: Eye changes in children treated for tuberculosis, 895
in brucellosis, 161
in ocular tuberculosis, 1862
biomicroscopic study of, 1853
choroidal, **414**
conjunctival, **1824**
in tuberculous meningitis, **1730**
reaction of optic nerve to, 889
Sturge-Weber syndrome, **267**, 746, 1400
See also under Angioma, Lindau-von Hippel disease, Nevus
Sturm's conoid, instrument to explain, **415**
Subarachnoid hemorrhage, eye signs of, 624
Sulfadiazine, in brucellosis, 161
Sulfonamides, corneal changes due to, 1864
in trachoma, **671**, 1059, **1339**
Sulfur, uses of green, 1521
Sunlight, in idiopathic retinal detachment, 621
Suprasellar meningioma, **1139**
SURGERY of the eye, complications of, **715**
lens, in infancy and childhood, 140
phantom for, 1858
plastic drapes for, 438
postoperative care in, 893
See also under names of various diseases, organs and regions
SUTURES: Action on wound healing, 610
buried for cataract incisions, **1459**
catgut, **263**
combined bridle and conjunctival retraction, **707**
corneoscleral, in cataract extraction, **967**
effect on ocular wound healing, **167**
handling of, for Allen implant, 1058
instrument for, **863**
instrument to remove, 1207
lid, in cataract surgery, **105**
to retract iris, 1856
See also under Cataract Extraction
SYMPATHETIC OPHTHALMIA: **421**, **423**, 1865, 1866
after iridencleisis, 1383
cortisone in, **864**
foci of infection and, 1384
pathogenesis and prophylaxis, 447
Schreck's studies on, 1867
penetrating injuries and, 1384
roentgen therapy in, 137
spontaneous recovery from, **584**
tissue therapy in, 1231
with complete recovery, **266**
SYNDROME: Adie's, 296
Banti's, eye findings in, 746
Basedow's, eye symptoms of, 749
eyelid retraction in, 747
Behçet's, 1231
congenital anomaly, 912
Erb-Goldflam, 1564
Fanconi: See under Cystinosis
Foster-Kennedy, 148
in Paget's disease, 624
spinal fluid in, 439
Fuchs' mucocutaneous, 749
glaucomatocyclitic crises, **214**
Harada's, 1383, 1866
hemorrhagic of cavernous sinus, 1719
Horner's, **126**

Explanation: Numbers in boldface refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

SYNDROME *(continued)*
Kimmelsteil-Wilson, ophthalmoscopic findings in, **1827**
Klippel-Feil, eye symptoms of, 1061
Lawrence-Moon-Biedle, 750
Marcus Gunn, 1564
Marfan's, **1495**, 1731
pathogenesis, 1074
Moebius', **256**
Sjøgren's, 443, 911
Rose bengal as diagnostic aid, 445
See also under Keratoconjunctivitis Sicca and under Tears
Steven-Johnson, 1403
Sturge-Weber, 746, 1400
Vogt-Koyanagi, **568**, 1383, 1866
Werner's, 161
Syphilis, transmission by corneal graft (experimental), **352**

T

Tarsus, traumatic rupture of, 1072
TEARS: Deficiency, 1536
See also under Keratoconjunctivitis Sicca and Sjøgren's syndrome
drainage, after extirpation lacrimal sac, 742
role caruncle in, 740
role lacrimal sac in, 782
hypersecretion of, pathogenesis, 1724
treatment, 1724
in keratoconjunctivitis sicca, **773**, **782**
low flow of, **782**
See also under Lacrimal Apparatus
Telangiectasia, hereditary hemorrhagic, **543**
Temporal arteritis, 161
Teratoma, of conjunctiva, 1732
Terminology, standardization of, **431**
Terramycetin, aqueous tolerance to, 609
vitreous tolerance to, 609
TERRAMYCIN: 288, 1862
effect on bacterial keratitis, **1847**
in experimental ocular tuberculosis, 1053
in ophthalmia neonatorum, 1059
in trachoma, 444, 1862
penetration of, 1053, 1522
into aqueous, 1228
tolerance of aqueous to, 1519
of vitreous to, 1519
toxicity, 1053
Testosterone, in rosacea keratitis, 1861
TEP (tetraethylammonium phosphate), action on eye, 610
local action of, 1848
THERAPY: 1060, **1208**
ACTH: See under ACTH
antibiotic: *See* under Antibiotics
anticoagulant: See under Anticoagulants
antihistaminic: See under Antihistamines
aureomycin: See under Aureomycin
biologic, in ophthalmology, 1375
bitartrate of sodium, in external eye disease, 1539
burns of eye, 1728
See also under Injuries
chemo-, of ocular tuberculosis, 457
chloroamphenicol and chloromycetin: See under Chloromycetin
cortisone: See under Cortisone
dicumarol: See under Anticoagulants and under Dicumarol
digitoxin, visual symptoms after, 456
DFP: See under DFP
estrogen, in Basedow's disease, 1730
fever, **1540**
See also under Fever Therapy
Furacin, **1343**
hydrochloric acid, for calcareous film of cornea, **1497**
in inclusion conjunctivitis, topical, **1811**
in interstitial keratitis, 1381
in relation to pathogenesis of glaucoma, **1209**
in rodent corneal ulcer, 1862
irradiation: See under Radiation Therapy, Roentgen Therapy, X rays, and under names of various diseases, organs and regions

THERAPY *(continued)*
lipotropic substances to clear vitreous, **450**
mineral water, **1228**
nitrogen mustard in uveitis, **114**, **1868**
oidiomycine 101, in keratitis and uveitis, **287**
PAS: See under PAS
placental, 1375
See also under Placenta and under Tissue Therapy
plesiotherapy in ocular affections, 1532
priscoline: See under Priscoline
radio-: See under Radiotherapy
recent developments in, **891**
roentgen: See under Roentgen
Schroth treatment in chronic eye disease, 611
sodium propionate, in external eye disease, 612, 1539
staphylococcus toxoid, 1538
stasis in anterior segment disease, 1856
stored blood in retinitis pigmentosa, 146
streptokinase, **1184**
TEP: See under TEP
terramycin: See under Terramycin
testosterone in rosacea keratitis, 1861
tissue: See under Tissue Therapy
ultrasonic, **287**
urea, in herpes keratitis, **442**
vasodilator, 142, **187**, **191**
vitamin D_2 in ocular tuberculosis, 609
See also under the various diseases, drugs, organs, regions, etc.
Thrombin, action on wound healing, **167**, 610
Thromboangiitis obliterans, eye signs of, 1730
Thrombophlebitis, toxic, **1507**
Thyroid, influence hormone of, on corneal metabolism, **885**
Thyrotropic hormone, influence on connective tissue, **282**
Tissues of eye, influence low temperature on, **605**
Tissue reaction, anterior chamber to study, ***137**
TISSUE THERAPY: Conjunctival reaction due to, 614
Filatov's, mode of action, 801
in myopic degeneration, 1541
in retinitis pigmentosa, 622
in sympathetic ophthalmia, 1231
in trachoma, 1864
to clear vitreous in myopia, 1713
Tonography, clinical, 619
Torsion of eyeball, 1543
Toxic thrombophlebitis, **1507**
Toxicology and pharmacology: Review of, 604
TOXOPLASMOSIS: 456, 746
acquired in adult life, 749
chorioretinitis in adults due to, 1868
congenital ocular, 1872
microscopic findings in, 456
exudative retinitis and, 738
ocular in adults, 1731
serology of, 1376
TRACHOMA: Albucid in, 1550
antibiotics in, **671**, 1059
aureomycin in, 136, 442, 445, **1187**
in pannus crassus, 901
benzyl cinnamate in, 901
campaign against, in Gozo, 752, 1734
in Zyurec, 162
carriers, viroscopic detection of, 445
chloromycetin in, 445
classification, 741
conjunctival circulation in healing keratitis of, 1549
contrast-staining of bodies of, **627**
control of, 910
corneal transplantation in, 443
cortisone to test recovery from, **899**
diagnosis and treatment, 442
electromicroscopic studies of infective agent in, 134
entropion repair in, 154
epidemiology of, 1075
eyelid repair in, 154
factors in distribution of, **1305**
fractionated blood sedimentation and, 1545
hematology of acute, 1548
in Chile, 443
in Israel, **866**

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

TRACHOMA *(continued)*
in Roussillon, 751
incidence in Naples clinic, 1734
inclusions, histochemical study of, 1846
Piekarski-Robinow reaction and, 1861
staining of, rapid contrast, **627**
microchemical nature of, 1861
muscle of Müller in ptosis of, 444
penicillin in, 1865
prontosil injections in, 1538
protein fractions in serum of patients with, 1656
sanitary conditions and, 913
sulfonamides in, **671**, 1059, **1339**
struggle against, 1734
terramycin in, 444, 1862
tissue therapy in, 1864
treatment of, 1547
trichiasis operation in, 742
tumorlike changes in, 1864
vaccine, first trials with, 135
virus, tissue reaction to, 882
Trichiasis, operations for, 742
Trichinosis, eye findings in, **985**
Trichlorethylene as an analgesic, **250**
Tropical diseases, ocular manifestations of, **272**
Trypanosomiasis, visual disturbances in, 1401
Tuberculin, purified, leukocyte curve and, 159
TUBERCULOSIS: Case bordering sarcoidosis, 1551
chemotherapy of ocular, 457
effect Conteben and PAS on experimental, 1521
effect terramycin on experimental, 1053
experimental studies, 1859
eye changes in children treated with streptomycin, 895
hemagglutination in, **1518**
test of Middlebrook and Dubois, 1379
induced ocular, 447
ocular, 748
of choroid, streptomycin in, **414**
of conjunctiva, 445
primary, 135
streptomycin in, **1824**
of lacrimal sac, 624
papilloretinitis in, 621
PAS in ocular, 603
streptomycin in, 1862
biomicroscopic control, 1853
thiosemicarbazone (TB1-698) in treatment, 289
treatment in sanatorium, 132
trimethoxyaurine in, 1534
vitamin D_2 in, 609
See also under names various organs and regions
Tuberculous meningitis, eye symptoms in, 158, 1237
fundus findings in, 747
Tularemia, 899, 1403
Parinaud's conjunctivitis in, 159
TUMORS: Carcinoma of breast regressing after sterilization, **1829**
copper within eye simulating, **687**
diagnosis of ocular, **1791**
difficulties in, 447
glioma, 144
of retina, and heredity, 457
intracranial, eye symptoms of, 1719
intraocular, visual field studies in, **388**
mediastinal, ocular tension increase due to, 1385
melanoma, annular of iris and ciliary body, **1806**
associated with retinal hole, 1392
in retained blind eye, 156
of choroid, morphobiology of, 1726
melanosarcoma, treatment of, 1567
meningioma, effect pregnancy on, 157
exophthalmos due to, 1567
metastatic of anterior segment, diagnosis, **1329**
ocular, 1400
diagnosis of, **1791**
metabolism of, 742
of chiasm, primary, 1725
of choroid, 293, 1726, 1727
carcinoma, 1400
differential diagnosis, 732
melanoma, **419**

TUMORS *(continued)*
of choroid *(continued)*
sarcoma, 155
of ciliary body, **1806**
annular melanoma, **1359**
of conjunctiva, 1567
bulbar, 901
lymphoma, 135, 157
teratoma, 1732
of cornea, primary cancer, 1567
of the eye, diagnosis of various types, **1791**
review of 100 cases, 156
of eyelid, 910, 1071, 1237
chemosurgery of, 1566
X-ray therapy in, 1566
of iris, 1384, **1806**
annular melanoma, **1359**
melanoma, surgery of, 743
xanthoma, **583**
of lacrimal gland, **1034**
of lacrimal sac, 152
of occipital lobe, visual hallucinations with, 1720
of optic nerve, 1235
primary, 1725
of orbit, 155, 156, 740, 1564, 1565
pseudo-, 1398
plasmocytoma, 1726
of retina, 144, 1870
study of, 1716
of sphenoid, sarcoma, 150
of spinal cord, choked optic disc in, 148
of uveal tract, 618
orbital emphysema in localizing, **1269**
osteogenic sarcoma after radiation therapy, **811**
periorbital, 1071
pigmented epibulbar invading cornea, 1549
pigmented of iris, 1384
pineal gland, pupil reaction to convergence in, **1815**
radioactive phosphorus to detect intraocular, 1060
retinoblastoma, 156
See also under Retinoblastoma
suprasellar meningioma, **1139**
See also under names of various organs, regions and various tumors.
Typhoid vaccine, effect on adrenal cortex function, 1783
Typhus fever, histology eye in, 1729

U

Ultrasonic speed, ophthalmic problems of, 751
Ultrasonic therapy, 287
Ultrasound, effect on penicillin level in eye, 1058
Ultraviolet ray burn of eye, **1358**
Urea, in herpetic keratitis, 442
UVEA: Allergy and, 1568
diseases of, 136, 1063
pathogenesis, 1865
endothelial tumors of, 618
UVEITIS: Aqueous humor studies in, 294
bilateral, with retinal detachment, alopecia and poliosis, 1866
chronic, associated with bronchiectasis, 1385
etiology, 732
cortisone in, 663
defense mechanism in, 137
effect cortisone on horse-serum, 288
hypertensive, and glaucoma, 1063
lens-induced, **177**, **370**, **489**
leptospirosis causing, 1551
Leptospira in, 1865
leukemia, 294
nitrogen mustard to treat, **114**, 1868
oidiomycine 101 in, 287
optic nerve atrophy and, 453
periarteritis nodosa and, 136
poliosis, vitiligo and, **568**
pregnenolene therapy in, 1384
problem of nonspecific, 1865
provocation dental focus in diagnosis of, 1538
Vogt-Koyanagi, histopathology of, 1866
Uveoparotid fever, 160

Explanation: Numbers in **boldface** refer to original contributions. The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

V

Vaccine, in allergic conditions, 893
  therapeutic trials with trachoma, 135
Vaccinia, of conjunctival sac, 1548
  primary of eyelid, 1565
Vascular disease, ophthalmoscopic diagnosis of, 621
Vascular lesions, diagnosis of intracranial, 149
Vasodilators, in retinal vascular occlusion, 142
  priscoline, 187, 191, 375
Verhoeff's theory of anomalous projection, 807
Viroscope, in detecting trachoma carriers, 445
VIRUS: Encephalomyelitis, cross-immunization tests with, 883
  eye disease, diagnosis, 282
  keratitis, 899
  Newcastle, 1381
    conjunctivitis due to, 1021
    experimental conjunctival infections with, 615
    eye infections from, 293
    in man, 748
    pathogenic action in chick eye, 1518
  trachoma, tissue reaction to, 882
VISION: Binocular and monocular, 1530
  color: See under Color Vision
  fluorescent lighting and, 1733
  in aphakia, Mintacol to improve, 294
  in optic nerve injuries, 1396
  LeConte's book on "Sight," 245
  near, oculomotor associations of, 1720
  qualitative, 284
  quantitative, 284
  retinal mechanics, of, 1505
  vitamin B_1 metabolism and, in arc welders, 1568
VISUAL ACUITY: Exposure time of test objects and, 1530
  Goldmann's apparatus for measuring, 886
  influence night work on, 889
  loss in college students, 436
  malingering and, 47
  measurement of, 437
  military service and, 162
  role of pigment epithelium in, 1527
  vocational guidance and, 913
Visual apparatus, and lipotropic factors, 601
Visual consequences of occipital lobectomy, 1563
Visual disturbances, during narcoanalysis, 608
  in head injuries, 909
Visual fatigue and illumination, 33
VISUAL FIELDS: After occipital lobectomy, 1563
  after retinal detachment operations, 737
  effect dicumarol on, in glaucoma, 1710
  for yellow, 608
  importance in disturbances cerebral circulation, 148
  in blindspot studies, 386
  in cerebral cysticercus, 1721
  in glaucoma studies, 387
  in intraocular tumors, 388
  in macular degeneration, 388
  in optic atrophy, 389
  in optic disc anomalies, 389
  in optic neuritis, 388
  in papilledema, 388
  in retinal detachment studies, 388
  in retinitis pigmentosa studies, 387
  in retrobulbar neuritis, 388
  intracranial interferences and, 389
  studies, choice of test object in, 381
  taken with minute light stimuli, in early glaucoma, 951
  See also under Perimetry
Visual hallucinations, tumor occipital lobe causing, 1720
Visual perception, measurement time differences of, 1538
Visual performance, illumination and, 33
Visual physiology and optics: Review, 436, 1852
Visual radiation, wounds of, 1721
Visual screening, of school children, 235
  comparison of tests with clinical examinations, 819
Visual space, perspective and, 286
Visual tasks, cerebral lesions and performance of, 454
VISUAL TESTS: After-image, diagnostic significance of, 537
VISUAL TESTS *(continued)*
  cylinder-rotation, 595, 1048
  flicker frequency, 1525
    clinical use, 1853
  for malingering, 47
  Massachusetts, in screening school children, 235
  objects for, choice of, 381
    wand for, 414
  See also under Accommodation, Aniseikonia, Astigmatism, Refraction, and Strabismus
Vitiligo with uveitis and poliosis, 568
VITAMINS: A, excessive, results in rats, 283
  B, eye diseases and, 1058
    See also under Riboflavin
  B_1, influence pituitrin on distribution in ocular tissues, 886
  B_2, deficiency, eye changes in (rats), 884
  C, content aqueous, action ACTH and DCA on, 1522
    cortisone and, in iritis, 1539
    metabolism in lens, 906
    synthetic action lens, 1521
  D_2, in ocular tuberculosis, 609
  deficiency, effect in ophthalmology, 1570
    eye findings, in Japan prison hospital, 228
  E, action on blood-aqueous barrier, 1848
    deficiency, histopathologic changes in, 604
      in retrolental fibroplasia, 1374
    principal, significance in ophthalmology, 1518
VITREOUS: 1870
  adhesions to cornea, 411
  changes after cataract extraction, 1177
  contact with, causing keratitis, 292
  detachment, in luetic chorioretinitis, 1392
    retinal detachment and, 141
    retinal hemorrhage in postoperative, 623
  fibrous components of, 1845
  haze of, 423
  hemorrhage, 906
  lens and, 1388
  loss, management after cataract extraction, 716
  opacities, lipotropic substance for absorption of, 450
  pathology, 1717
  penicillin in (rabbit), 1522
  phase-contrast microscopy of, 1223
  physiology of, 1717
  terramycetin tolerance of, 609, 1519
  tissue therapy to clear, 1713
Vocational guidance, visual functions an element in, 913
Vogt-Koyanagi syndrome, 568, 1383
  Harada's disease and, 1866
Vortex sinuses and the minute volume, 1055

W

Werner's syndrome, 161
Willebrand-Jurgen's disease, fundus changes in, 621
Wills Eye Hospital, 4th clinical conference, 726
WOUNDS: Closure in cataract extraction, 967
    with catgut, 263
  healing of ocular, 167
    effect cortisone on, 282, 889
    effect sutures on, 167, 610
    effect thrombin on, 167, 610
  of orbit, 745
  of visual radiation, 1721

X

Xanthoma of iris, 583
Xanthoma tuberosum, with tuberculous choroiditis, 573
Xeroderma pigmentosum, iris atrophy in, 1551
Xerophthalmia, nutritional deficiency and, 229
X-RAY: Detection spectacle-glass foreign bodies, 1349
  examination, orbital emphysema in, 1269
  studies in arachnoiditis, 296
  studies of optic canal, 1398
  therapy, of eyelid tumors, 1566
    See also under Radiation Therapy

Y

Yellow, dark adaptation for, 889
  visual fields for, 608
  visibility in abnormal macula, with red-free light, 736

INDEX

Authors and Titles of Original Articles and Notes, Cases, Instruments

The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

A

ABRAHAM, Samuel V.: The use of miotics in the treatment of nonparalytic convergent strabismus: A progress report, 1191
ABREU, Manoel de: Orbital emphysema, 1269
ABU-JAUDEH, Caesar: See DIAB, Alfred E.
AIELLO, John S.: Ocular findings in lupus erythematosus, 837
ALLEN, Ruth A.: See KOELLE, George B.
van ALPHEN, G. W. H. M.: Plasma implantations in the cornea, 701
ALVIS, Bennett Y., and ALVIS, Edmund B.: Wound closure in cataract surgery: A modified corneoscleral suture: Report of cases, 967
ALVIS, Edmund B.: See ALVIS, Bennett Y.
ANDERSON, Banks, and MARGOLIS, George: Scleromalacia: Clinical and pathologic study of a case with consideration of differential diagnosis, relationship of collagen disease, and effect of ACTH and cortisone therapy, 917
ARRUGA, Hermenegildo: Certain considerations of the surgical treatment of retinal detachment, 1573
ARSTIKAITIS, Maria, and HODGSON, Harold: The effect of lobotomy and electroshock on intraocular pressure, 1625
ASCHER, K. W.: Aqueous veins and contact lenses, *10
ASCHER, K. W., and SPURGEON, W. M.: Is there any predilection of left eyes for glaucoma? 1480
ATKINSON, Walter S.: Simple practice methods for intracapsular cataract extraction, 1167
AUCREMAN, Charles J., TIRMAN, Wallace S., and BANKER, Harry W.: New holder for beta-ray ophthalmic applicator, 1499

B

BAGLEY, Cecil H.: An etiologic study of a series of optic neuropathies, 764
BAIRD, C. D.: See SMITH, G. G.
BALIK, Joseph: The lacrimal fluid in keratoconjunctivitis sicca: A quantitative and qualitative investigation, 773
BANKER, Harry W.: See AUCREMAN, Charles J.
BARKAN, Otto: Contact lenses for gonioscopy and ophthalmoscopy, 1821
BEARD, Cromwell: See THYGESON, Phillips
BEATTIE, G.: See van ROOYEN, C. E.
BEDELL, Arthur J.: Choriopathy, 1147
BEDROSSIAN, E. Howard: Progressive myopia with glaucoma, 485; Significance of red-lens diplopia: Its relationship to heterophoria, 1356
BEDROSSIAN, Robert H.: A new aid in examining premature infants, 1501
BENEDICT, William L.: See DAILY, Louis, Jr.
BENNETT, Van: See OZAZEWSKI, John C.
BERENS, Conrad, COLE, Helen Grady, CHAMICHIAN, Souren, and ENOS, Marjorie V.: Retroplacement of the inferior oblique at its scleral insertion, 217
BERGEN, Hilda: See MEDINE, Myer M.
BETHKE, E. G.: Criteria and guide for evaluation of ocular prostheses, 527
BIERMAN, Edward O.: Tinted lenses in shooting, 859. See also DYER, Dallas
BILLET, Edwin: Syndrome of glaucomatocyclitic crises: Report of a case, 214
BISLAND, Theodore: See TOPILOW, Arnold
BLAIR, Edwin: Method of determining the optical center of spectacle lenses, 107
BLANKSTEIN, Samuel S., and FEIMAN, Lawrence H.: Macular pigmentation following maternal rubella, 408
BLODI, Frederick C.: See REESE, Algernon B.
BOCK, R. H.: A simple after-image test: Its diagnostic significance in clinical ophthalmology, 537
BODIAN, Martin: What do the color blind see? A report on monocular color blindness, 1471
BOUSQUET, Franklyn P., Jr., and LAUPUS, William E.: Studies on the pathogenesis of retrolental fibroplasia, *64
BRALEY, Alson E.: Experimental herpes simplex: The Sanford R. Gifford Lecture, 1737
BRENNAN, James W.: The use of Furacin in ophthalmology, 1343
BRIGGS, Henry H.: Method of treating vitreous adhesion to cornea, 411
BROWN, James W.: See GAINOR, Charles
BROZEK, Joseph, and SIMONSON, Ernst: Visual performance and fatigue under conditions of varied illumination, 33
BURNS, Thomas A., HANLEY, William J., PIETRI, Jose F., and WELSH, Edwin C.: Spectacles for hemianopia: A clinical evaluation, 1489
BUTLER, William E.: Acute glaucoma precipitated by DFP: Report of a case, 1031
BUXEDA, Roberto: Central angiospastic retinopathy: A review of the literature and report of one case, 1769

C

CALLAHAN, Alston: Cataract extraction in the one-eyed patient: A study of 103 consecutive cases, 1285
CARRIKER, Frederick C.: The use of hyaluronidase in ophthalmology, 1765
CARROLL, Frank D.: Optic neuritis: A 15-year study, 75
CARTER, Leland F.: Progressive essential atrophy of the iris: Case history with pathologic report, 522
CETNER, John A.: Papillitis developing during cortisone therapy, 713
CHAMICHIAN, Souren: See BERENS, Conrad
CHAMLIN, Max, and DAVIDOFF, Leo M.: Choice of test objects in visual field studies, 381; Drusen of the optic nervehead: Ophthalmoscopic and histopathologic study, 1599
CHOLST, Mortimer R., SCHILBACK, Harold F., HANDELSMAN, Milton B., and LEVITT, Leon V.: The response of the retinal vessels to priscoline in various vascular conditions: Study I, 191; The response of the retinal vessels to priscoline in diabetes mellitus: Study II, 375
CHRISTIANSEN, G. S., and LEINFELDER, P. J.: A critical study of lens metabolism: I. Nonenzymatic "respiration," *21
CHRISTIANSEN, G. S.: See LEINFELDER, P. J.
CLARK, Leonard B., and SYKOWSKI, Peter: A comparison of the effect of low (124 K.V.) and of high (50 mev.) X irradiation on the incidence of lens opacities in mice, 848
COLE, Helen Grady: See BERENS, Conrad
COLSON, Z. William: Verhoeff's theory of anomalous projection, 807
CONVERSE, John Marquis, and SMITH, Byron: Canthoplasty and dacryocystorhinostomy: In malunited fractures of the medial wall of the orbit, 1103
CORDES, Frederick C.: Optic atrophy in infancy, childhood, and adolescence: A survey of 81 cases, 1272
COUSINEAU, G. G.: See ORMSBY, H. L.
CROLL, Leo J.: See CROLL, Maurice
CROLL, Maurice, and CROLL, Leo J.: Ocular manifestations of trichinosis, 985; Egg membrane for chemical injuries of the eye: A new adjuvant treatment, 1585
CUSHMAN, Beulah: LeConte's book on "sight," 245

The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

D

DAILY, Louis, Jr., WAKIM, Khalil G., HERRICK, J. F., PARKHILL, Edith M., and BENEDICT, William L.: The effects of microwave diathermy on the eye of the rabbit, 1001

DAMERON, Joseph T.: The anterior chamber of the eye for investigative purposes: A site for transplantation of fetal endocrine tissues and cancer, *137

DANIELSON, Ralph W.: See HIX, Ivan E., Jr.

DAVIDOFF, Leo M.: See CHAMLIN, Max

DAYTON, Glenn O.: The effect of ACTH on experimental exophthalmos, *101

DIAB, Alfred E., and ABU-JAUDEH, Caesar N.: Aureomycin in trachoma, 1187; The sulfonamides in trachoma, 1339

DUKE-ELDER, Sir Stewart: The phasic variations in the ocular tension in primary glaucoma: The sixth Proctor Lecture, 1

DUNNINGTON, John H., and REGAN, Ellen F.: The effect of sutures and of thrombin upon ocular wound healing: The Jackson Memorial Lecture, 167

DYER, Dallas, and BIERMAN, Edward O.: Cortical potential changes in suppression amblyopia, 66

E

EDWARDS, John E.: Simple fundus camera, 851

EGAN, John A.: Covered wand for test objects, 414

ENOS, Marjorie V.: See BERENS, Conrad

F

FANTL, Eric W.: Unsuccessfully operated retinal detachment: Cured following severe postoperative intraocular hemorrhage: Report of a case, 1493

FASANELLA, Rocko Michael: Unusual ultraviolet ray burn of the eye, 1358

FEIMAN, Lawrence H.: See BLANKSTEIN, Samuel S.

FEINSTEIN, Robert R.: See THEODORE, Frederick H.

FERRERO, Nino: Leonardo da Vinci: Of the eye. (Edited by James E. Lebensohn), 507

FISKE, David: Marfan's syndrome: Report of a case, 1495

FLYNN, Gregory E.: Bilateral uveitis, poliosis, and vitiligo: With an hereditary factor, 568

FORBES, S. B.: Buphthalmos: Results from operative procedures, particularly cyclodiathermy: Report of six cases, 393

FREY, W. Guernsey, Jr.; Fit-over trial frame, 1501

FRIEDENWALD, Jonas S.: See KOELLE, George B.

FRIEDMAN, Benjamin: Sympathetic ophthalmia: Report of a case with spontaneous recovery, 584

FRIEDMAN, M. W.: Streptokinase in ophthalmology, 1184

FRIEDMAN, M. Wallace, and WRIGHT, Edwin S.: Hereditary microcornea and cataract in five generations, 1017

FROHMAN, Charles E.: See KINSEY, V. Everett

G

GAINOR, Charles, BROWN, James W., and SWANEY, Lois M.: Experimental studies with a member of the paracolon escherichia group producing panophthalmitis, 1196

GALLAGHER, J. Roswell: See SLOANE, Albert E.

GARRON, Levon K. See GUNDERSEN, Trygve

GIBBS, Erna L.: See STILLERMAN, Manuel L.

GIFFORD, Edward S., Jr., and KAUFFMAN, M. Luther: Surface therapy with the Shahan thermaphore in retinal detachment, 1201

GILGER, Anita Peek, POTTS, Albert M., and JOHNSON, Lorand V.: Studies on the visual toxicity of methanol: II. The effect of parenterally administered substances on the systemic toxicity of methyl alcohol, *113

GILROY, Regina: See ZWANGER, Jerome

GIVNER, Isadore: The physician's opportunity in preventive ophthalmology, 1253; A group study of diabetes and the eye, 1454

GOAR, Everett L., and SMITH, Louis S.: Polyarteritis nodosa of the eye, 1619

GREEN, Harold D.: See RICHARDSON, Alfred W.

GREEN, Leah Sanders: See YASUNA, Elton R.

GUILD, Harriet G., WALSH, Frank B., and HOOVER, Richard E.: Ocular cystinosis, 1241

GUNDERSON, Trygve, HEATH, Parker, and GARRON, Levon K.: Ophthalmia nodosa, 555

H

HAGUE, Eliott B.: Effective and safe radiation of the anterior segment of the eye, 629

HALBERT, Seymour P., and SWICK, Lois S.: Antibiotic-producing bacteria of the ocular flora, *73

HANDELSMAN, Milton B.: See CHOLST, Mortimer R.

HANLEY, William J.: See BURNS, Thomas A.

HARDING, Glen F.: Photography of strabismus patients using the Polaroid camera, 1353

HARLEY, Robison D.: An experimental study on the evaluation of Hydrosulphosol in the treatment of ocular injuries due to chemical burns, 1653. See also: MISHLER, J. E.

HARRINGTON, David O.: Late changes in the vitreous following uncomplicated intracapsular cataract extraction, 1177

HARRISON, William J.: Improved chalazion retractor, 863; An instrument for the removal of eye sutures, 1207; An improved fixation forceps, 1690

HASSARD, Joyce: See ORMSBY, H. L.

HEATH, Parker: See GUNDERSEN, Trygve

HEINSIUS, Ernst: Retinitis diabetica: Role of endocrine function and of vegetative nervous system in its etiology, 861

HELPERN, M. M.: See INGALLS, Theodore H.

HERRICK, J. F.: See DAILY, Louis, Jr.

HIX, Ivan E., Jr., and DANIELSON, Ralph W.: Bilateral retinoblastoma in a premature infant: Report of a case, 1647

HODGSON, Harold: See ARSTIKAITIS, Maria

HOECK, Leroy E.: See PATZ, Arnall

HOGAN, Michael J.: Ocular contusions, 1115

HOLMES, William John: Acneform reaction following a small dose of cortisone, 855; The Far East and India through the ophthalmoscope, 1635

HOLST, J. C.: The occurrence of blindness in Norway, 1153

HOOVER, Richard E.: See GUILD, Harriet G.

HURWITZ, Paul: Drilitol in external ocular diseases, 1134

I

INGALLS, Theodore H., TEDESCHI, C. G., and HELPERN, M. M.: Congenital malformations of the eye induced in mice by maternal anoxia: With particular reference to the problem of retrolental fibroplasia in man, 311

IRVINE, Alexander Ray, Jr.; See IRVINE, S. Rodman

IRVINE, S. Rodman, and IRVINE, Alexander Ray, Jr.: Lens-induced uveitis and glaucoma: Part I. Endophthalmitis phaco-anaphylactia, 177; Part II. The "phacotoxic" reaction, 370; Part III. "Phacogenetic glaucoma"; lens-induced glaucoma; mature of hypermature cataract; open iridocorneal angle, 489

IVY, H. B.: See STEFFENSEN, E. H.

J

JACOBSON, Jerry Hart, and O'BRIEN, James Miles: Electroretinography: A clinical survey, 1346

JAFFE, Norman S.: Surgery for extruding ocular implants, 1355

JAFFE, Norman S., and KNIE, Paul: True polycoria, 253

JAMES, William M., POWER, John L., and RIPPLE, Paul H.: Experimental and clinical observations of the effects of cortisone in corneal lesions, 1298

JOHNSON, Carl Cordes: Some practical points in ptosis surgery, 108

JOHNSON, Lorand V.: See GILGER, Anita Peek. See also: POTTS, Albert M.

JONES, Howard L.: See ZWANGER, Jerome

The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

JOY, Harold H.: Suprasellar meningioma: Report of an atypical case, 1139

K

KATZIN, Herbert M.: A new cataract scissors, 1353. See also: TENG, C. C.
KAUFFMAN, M. Luther: See GIFFORD, Edward S., Jr.
KENNEDY, John A.: Cystinosis with crystal deposits in the cornea and conjunctiva, 1596
KENNEDY, Roscoe J., and SULLIVAN, John V.: Epithelial plaques of the conjunctiva, 843
KINSEY, V. Everett: An explanation of the corneal haze and halos produced by contact lenses, 691
KINSEY, V. Everett, and FROHMAN, Charles E.: The aqueous/plasma steady-state ratio of xylose: Its compatibility with the secretion-diffusion theory of aqueous humor dynamics, 1171
KLECKNER, James F.: Malingering in relation to visual acuity: A review, 47
KNIE, Paul: See JAFFE, Norman S.
KOELLE, George B., FRIEDENWALD, Jonas S., ALLEN, Ruth A., and WOLFAND, Lillian: Localization of specific cholinesterase in ocular tissues of the cat, 1580
KORNBLUETH, Walter: Transient abolition of the pupillary reaction to convergence: In the presence of intact convergence and accommodation and normal pupillary reaction to accommodation in a case of tumor of the pineal gland, 1815
KRAVITZ, Daniel: Study of the anterior angle in anterior-segment inflammation of the eye, 1463
KRONFELD, Peter: The chemical demonstration of transconjunctival passage of aqueous after antiglaucomatous operations, *38
KUNDERT, Fred W.: See MINGS, Dwain E.

L

de LaCRUZ, Edgar: See PATZ, Arnall
LASKY, Mortimer A.: See REITER, Carl
LAUPUS, William E.: See BOUSQUET, Franklyn P., Jr.
LAVAL, Joseph: Ocular sarcoidosis, 551; An operation for the relief of tension in congenital glaucoma: Goniotomy ab externo combined with iris inclusion, 947
LEAHY, BRENDAN D.: Thermal burns of the eye and adnexa, 1077
LEBENSOHN, James E.: Minus lenses as an effective adjuvant in the control of juvenile glaucoma, 1029
LEINFELDER, P. J., and CHRISTIANSEN, G. S.: A critical study of lens metabolism: II. Glycolysis, *33. See also: CHRISTIANSEN, G. S.
LEOPOLD, Irving H.: See PURNELL, James E.
LEOPOLD, Irving H., and MAYLATH, Florian R.: Corticoid determinations of the aqueous humor after repeated paracenteses, 932; Intraocular penetration of cortisone and its effectiveness against experimental corneal burns (with the technical assistance of John Sawyer), 1125
LEPRI, Giuseppe: Studies on cortisone in ophthalmology: I. The influence of cortisone on the in-vitro effect of antibiotics on micro-organisms capable of causing ocular infections. II. The action of cortisone on experimental pneumococcic infection of the cornea and its influence on the activity of several antibiotics, 935
LEVITT, Jesse M., and LLOYD, Ralph I.: Congenital and familial endothelial defects, 342
LEVITT, Leon V.: See CHOLST, Mortimer R.
LINHART, Randolph W.: Treatment of calcareous film of the cornea, 1497
LINN, Jay G., Jr., and TOMARELLI, Raymond C.: An evaluation of the various anticholinesterase agents, *46
LIPPMANN, Otto: Human conjunctivitis due to the Newcastle-disease virus of fowls, 1021
LIPSIUS, Edward I.: Paredrine hydrobromide in chronic conjunctivitis, 1692
LLOYD, L. A.: See ORMSBY, H. L.
LLOYD, Ralph I.: See LEVITT, Jesse M.
LOCKE, John C.: See REESE, Algernon B.
LOMAX, Donald H.: See RICHARDSON, Alfred W.
LYTTON, H.: Lid sutures in cataract surgery, 105

M

van MANEN, J. G.: A study of the mode of action of Filatov's method of tissue implantation, 801
MANNING, E. L.: Generalized giant follicular lymphoma involving the eye, 711
MARGOLIS, George: See ANDERSON, Banks
MARR, William G.: Cataracts and retinopathy in juvenile diabetics, 577
MASTERS, Stanley: Strabismus in twins, 1825
MAYLATH, Florian R.: See LEOPOLD, Irving H.
McCLANAHAN, Robert: Correction of diplopia following thyroidectomy, 1822
McDONALD, P. Robb: A modified binocular gonioscope, 1499
McGRATH, Harry: Menière's disease associated with traumatic hyphema and glaucoma, 241
McGRATH, Harry, and SINGER, Joseph I.: Ocular sporotrichosis: Additonal references to the literature and report of a case, 102
McLAUGHLIN, Ralph S.: Hydrosulphosol as a treatment of chemical burns of the eye, 21; Chemical burns of the human cornea, 1088
McPHERSON, Samuel D., Jr.: A method of lower lid reconstruction, 1775
McWILLIAMS, John R.: Ocular findings in gout: Report of a case of conjunctival tophi, 1778
MEDINE, Myer, M., PHILLIPS, Carlton C., and BERGEN, Hilda: Insertion of ocular prostheses at autopsy, 1823
MERZ, Earl H.: See VAIL, Derrick
MEYER, Samuel J.: The physiopathology and the technique of iridencleisis, 788
MIDDLETON, William H.: Diagnosis of metastatic tumors of the anterior ocular segment, 1329
MILES, N. E.: Hereditary hemorrhagic telangiectasia: Report of a case, 543
MILES, Paul W.: The importance of corrected curves in spectacle lenses, 1320
MINGS, Dwain E., and KUNDERT, Fred W.: Xanthoma of the iris, 583
MISHLER, J. E., and HARLEY, Robison D.: Copper within the eye 30 years simulating tumor: Report of a case, 687
MOORE, Telford I.: A screw-type implant, 399
MORAN, Charles T.: See TOWNES, C. Dwight

N

NAGLE, F. O.: See STEFFENSEN, E. H.
NICHOLLS, John V. V.: On the character and management of circulatory disturbances of the central retina, 1753
NICHOLS, John: See RICHARDSON, Alfred W.
NOELL, Werner K.: Electrophysiologic study of the retina during metabolic impairment, *126

O

OBAL, Adalbert: Transverse furrows of the nails as a differential diagnostic mark in central scotomas, 83
O'BRIEN, James Miles: Paradoxal ocular motility after cycloplegia, 261. See also: JACOBSON, Jerry Hart
De OCAMPO, Geminiano: Di-isopropyl fluorophosphate (DFP) in cycloplegic refraction, 1484
OFFENBACH, Bertha: Trichlorethylene as an analgesic in ophthalmic practice, 250
ORMSBY, H. L., THOMPSON, G. A., COUSINEAU, G. G., LLOYD, L. A., and HASSARD, Joyce: Topical therapy in inclusion conjunctivitis, 1811
ORMSBY, H. L.: See van ROOYEN, C. E.
OZAZEWSKI, John C., and BENNETT, Van: Ocular sarcoidosis, 547

P

PARKHILL, Edith M.: See DAILY, Louis, Jr.
PASCAL, Joseph I.: The two phases of abnormal retinal correspondence, 1204
PATTERSON, John W.: Development of diabetic cataracts, *68
PATZ, Arnall, HOECK, Leroy E., and De LaCRUZ, Edgar: Studies on the effect of high oxygen admin-

The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

istration in retrolental fibroplasia: I. Nursery observations, 1248
PAVIA, J. Lijó: Induced pulsations in the central retinal artery of cardiac patients, 585; A simple classification of retinal angiopathy in general arterial hypertension, 404
PERKINS, E. W.: Implantation cyst of the conjunctiva, 196
PERLSTEIN, Meyer: See STILLERMAN, Manuel L.
PETROHELOS, Manousos A.: The results of beta irradiation in ophthalmology: A report of 123 cases, 637
PFINGST, Harry A.: See TOWNES, C. Dwight
PHILLIPS, Carlton C.: See MEDINE, Myer M.
PIETRI, Jose F.: See BURNS, Thomas A.
PINKERTON, O. D., and PINKERTON, F. J.: Hereditary craniofacial dysplasia, 500
POHLMAN, Max Edward, and RITTER, Edward Francis, Jr.: Observations on vitamin deficiencies: In an Eye, Ear, Nose and Throat Clinic of a Japanese prison hospital, 228
POLEFF, L.: A simple and rapid contrast-staining of trachoma bodies, 627
POSNER, Adolph: Borderline forms of glaucoma, 1291
POTTS, Albert M.: See GILGER, Anita Peck
POTTS, Albert M., and JOHNSON, Lorand V.: Studies on the visual toxicity of methanol: I. The effect of methanol and its degradation products on retinal metabolism (with the technical assistance of Doris Goodman), *107
POWER, John L.: See JAMES, William M.
PURNELL, James E., and LEOPOLD, Irving H.: Cortisone in ocular disease: Further studies, 663

R

RANDOLPH, M. Elliott: An experimental study of the possibility of transmitting syphilis by a corneal graft, 352
RAUBITSCHEK, E.: The Raubitschek arrow test for astigmatism, 1334
REESE, Algernon B., BLODI, Frederick C., and LOCKE, John C.: The pathology of early retrolental fibroplasia: With an analysis of the histologic findings in the eyes of newborn and stillborn infants, 1407
REGAN, Ellen F.: See DUNNINGTON, John H.
REITER, Carl: A new synergistic mydriatic combination: A preliminary report, 412
REITER, Carl, and LASKY, Mortimer A.: Galactose cataractogenesis: Review of the literature and a case report, 69
RICHARDSON, Alfred W., LOMAX, Donald H., NICHOLS, John, and GREEN, Harold D.: The role of energy, pupillary diameter, and alloxan diabetes in the production of ocular damage by microwave irradiations, 993
RIFFENBURGH, Ralph S.: Krukenberg's spindle, 110
RIPPLE, Paul H.: Variations of accommodation in vertical directions of gaze, 1630. See also: JAMES, William M.
RITTER, Edward Francis, Jr.: See Pohlman, Max Edward
ROBERTS, Winston: Buried sutures for closure of cataract incision, 1459
ROBERTSON, R. W., and SHIRLEY, S. Y.: Experimental retinal detachments and the use of physiologic glue in rabbits' eyes, 565
ROCKWELL, Paul A.: Annular malignant melanoma of the iris and ciliary body: Report of a case and summary of the literature, 1806
De ROETTH, Andrew F. M.: Low flow of tears: The dry eye, 782
Van ROOYEN, C. E., ORMSBY, H. L., THOMSON, G., and BEATTIE, G.: Inclusion-blennorrhea virus: Phase-microscope studies, 1606
ROSEN, David A.: The effect of intravenous typhoid vaccine on adrenal cortex function, 1783
ROSEN, Emanuel: Tuberculous choroiditis associated with xanthoma tuberosum, 573
ROSS, Joseph V. M.: Polymyxin in experimental ocular Pseudomonas aeruginosa infections, *82
ROSS, Milton G.: The lability test and gonioscopy in the diagnosis of glaucoma, 25
ROWLAND, Alan L.: Major modification of the keratome, 1691
RYAN, Hugh: Retrolental fibroplasia, 329

S

Von SALLMANN, Ludwig: Remarks made on the acceptance of the Proctor Medal Award, June 14, 1951, *3
SAMUELS, Bernard: Posterior exudative iritis, 1685
SAUNDERS, T. E.: Pseudoglioma: A clinicopathologic study of 15 cases: Part I. Introduction, 61; Part II. Pathologic classification, 199; Part III. Clinical considerations, 364
SCHEIE, Harold G.: Lacerations of the eye and adnexa, 1096
SCHILBACK, Harold F.: See CHOLST, Mortimer R.
SCHLOSSMAN, Abraham: The significance of alternating hypertropia in concomitant strabismus, 795
SCHMERL, Ernst: Experimental bleaching of cataractous lens substance, 1030
SCHMERL, Ernst, and STEINBERG, Bernhard: The neurovascular mechanism and the control of intraocular pressure, 449; The neurovascular mechanism controlling ocular tension in congenital glaucoma of rabbits, 696
SCOTT, George I.: Neuromyelitis optica, 755
SHERMAN, Arthur E.: The retracted eye socket, 89
SHIPMAN, James S.: Important complications in retinal detachment and their influence on the surgical results, 1263
SHIRLEY, S. Y.: See ROBERTSON, R. W.
SIMONSON, Ernst: See BROŽEK, Josef
SIMONTON, John Thayer: A combined bridle and conjunctival retraction suture, 707
SINGER, Joseph I.: See McGRATH, Harry
SINISCAL, A. A.: The sulfonamides and antibiotics in trachoma, 671
SLOANE, Albert E., and GALLAGHER, J. Roswell: A comparison of vision screening tests with clinical examination results, 819
SMITH, Byron: See CONVERSE, John Marquis
SMITH, G. G., and BAIRD, C. D.: Survival time of retinal cells when deprived of their blood supply by increased intraocular pressure, *133
SMITH, Louis S.: See GOAR, Everett L.
SNYDER, Stuart S.: Retinal findings in pregnancy complicated by diabetes mellitus and toxemia, 831
SORREL, Sydney M.: An instrument to facilitate suture delivery through the muscle tunnels of the Allen implant, 863
SOVIK, William E.: Bilateral retinoblastomas in six siblings, 1611
SPAETH, Edmund B.: The secondary repair of chemical and thermal burns, 1091; The diagnosis of ocular tumors of various types, 1791
SPURGEON, W. M.: See ASCHER, K. W.
STANSBURY, J. R.: Moebius' syndrome: Congenital oculofacial paralysis: A case report, 256
STECKLER, M. L.: The eye exercise stick, 1502
STEFFENSEN, E. H., IVY, H. B., and NAGLE, F. O.: Topical Compound F in the treatment of anterior segment eye disease, 933
STEINBERG, Bernhard: See SCHMERL, Ernst
STERN, John J.: A new vasodilator in ophthalmology, 187; Eyelash in the upper lacrimal punctum, 1206
STILLERMAN, Manuel L., GIBBS, Erna L., and PERLSTEIN, Meyer: Electroencephalographic changes in strabismus, *54
STOCKER, Frederick W.: Successful corneal graft in a case of endothelial and epithelial dystrophy, 349; Demonstration eyepiece for the slitlamp, 1204
SUGAR, H. Saul: An evaluation of results in the use of measured recessions and resections in the correction of horizontal concomitant strabismus, 959
SULLIVAN, John V.: See KENNEDY, Roscoe J.
SWANEY, Lois M.: See GAINOR, Charles
SWICK, Lois S.: See HALBERT, Seymour P.

The asterisk (*) preceding the page number indicates that the paper was published in Part II of the May issue.

SYKOWSKI, Peter: Streptomycin in miliary choroidal tuberculosis, 414; Experiments with ointment base in the anterior chamber, 1030; Conjunctival tuberculosis treated with streptomycin, 1834. See also: CLARK, Leonard B.
SZEWCZYK, Thaddeus S.: Retrolental fibroplasia: Etiology and Prophylaxis, 301

T

TABORISKY, J.: Historic and ethnologic factors in the distribution of trachoma, 1305
TASSMAN, I. S.: The use of hyaluronidase in ophthalmology, 683
TEBBET, Royce D., and VICKERY, Robert D.: Osteogenic sarcoma following irradiation for retinoblastoma: With the report of a case, 811
TEDESCHI, C. G.: See INGALLS, Theodore H.
TENG, C. C., and KATZIN, H. M.: Application of direct sutures in corneal grafting, 587
TESCHNER, Bernard M.: A simple aid for fusion, 1690
THEODORE, Frederick H., and FEINSTEIN, Robert R.: Practical suggestions for the preparation and maintenance of sterile ophthalmic solutions, 656
THOMPSON, G. A.: See ORMSBY, H. L.
THOMSON, G.: See Van ROOYEN, C. E.
THYGESON, Phillips, and BEARD, Crowell: Observations on traumatic hyphema, 977
TILLETT, Charles W.: Effect of ACTH on normal ocular tension, 659
TIRMAN, Wallace S.: See AUCREMAN, Charles J.
TOMARELLI, Raymond C.: See LINN, Jay G., Jr.
TOPILOW, Arnold, and BISLAND, Theodore: Diabetes mellitus as a cause of papillitis, 855
TOWNES, C. Dwight, MORAN, Charles T., and PFINGST, Harry A.: Complications of cataract surgery, 1311
TRONCOSO, Manuel Uribe: Surgical treatment of congenital glaucoma: A new contact lens for goniotomy, 463

V

VAIL, Derrick, and MERZ, Earl H.: Embryonic intraepithelial cyst of the ciliary processes, 1676
VESEY, Frank A.: Sclerectomy in retinal detachment: With no attempt to seal the disinsertion: Report of a case successfully treated, 708
VICKERY, Robert D.: See TEBBET, Royce D.

W

WAKIM, Khalil G.: See DAILY, Louis, Jr.
WALLS, Gordon L.: An autodemonstration of the "physiologic" nystagmus," 231
WALSH, Frank B.: See GUILD, Harriet G.
WELSH, Edwin C.: See BURNS, Thomas A.
WENDLAND, John P.: The relationship of retinal and renal arteriolosclerosis in living patients with essential hypertension, 1748
Van WIEN, Stefan: Significance of visual fields taken with minute light stimuli in dark-adapted eyes in early glaucoma, 951
WIGGINS, Robert L.: Experimental studies on the eye with Polymyxin B, *83
WILSON, Fred M.: Applicators for beta irradiation of the eye: A review and comparison, 645
WOLFAND, Lillian: See KOELLE, George B.
WORCESTER, John T.: Corneal transplantation using a corneal cap, 357
WORTHAM, Edwin: Experimental pupil-block glaucoma, 477
WRIGHT, Edwin S.: See FRIEDMAN, M. Wallace
WYMAN, George J.: Clearing of corneal infiltrates with topical cortisone, 1206

Y

YASUNA, Elton R., and GREEN, Leah Sanders: An evaluation of the Massachusetts vision test for visual screening of school children, 235
YOURISH, Norman B.: Extensive corneal erosion due to shaving lotion, 1694

Z

ZACHARIAS, Leona: Retrolental fibroplasia: A survey, 1426
ZUGSMITH, George S.: A simple instrument for explanation of Sturm's conoid, 415
ZWANGER, Jerome, GILROY, Regina, and JONES, Howard L.: Detection of intraocular spectacle-glass foreign bodies, 1349